

Rehabilitation Literature

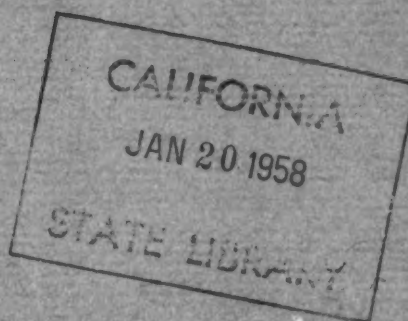
January, 1958
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THE EASTER SEAL SOCIETY



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**Selected Abstracts of
Current Publications of Interest
to Workers with the Handicapped**

The **NATIONAL SOCIETY**
for **CRIPPLED CHILDREN and Adults, Inc.**

11 SO. LA SALLE ST., CHICAGO 3, ILL.

The NATIONAL SOCIETY



for

CRIPPLED CHILDREN *and* ADULTS

Founded in 1921, the National Society for Crippled Children and Adults, the Easter Seal Society, is a nationwide federation of fifty-two state and territorial societies dedicated to the purpose of helping crippled children and adults. This objective is implemented through a three-fold program:

Education of the public as a whole, of professional persons concerned with the care and treatment of the crippled, of the families of the crippled, particularly parents, and of volunteers and employers.

Research to provide increased knowledge of the causes and prevention of crippling, and of improved methods of care, education and treatment of crippled children and adults.

Direct services to improve the health, welfare, education, recreation and employment opportunities for the crippled, toward the goal of rehabilitation.

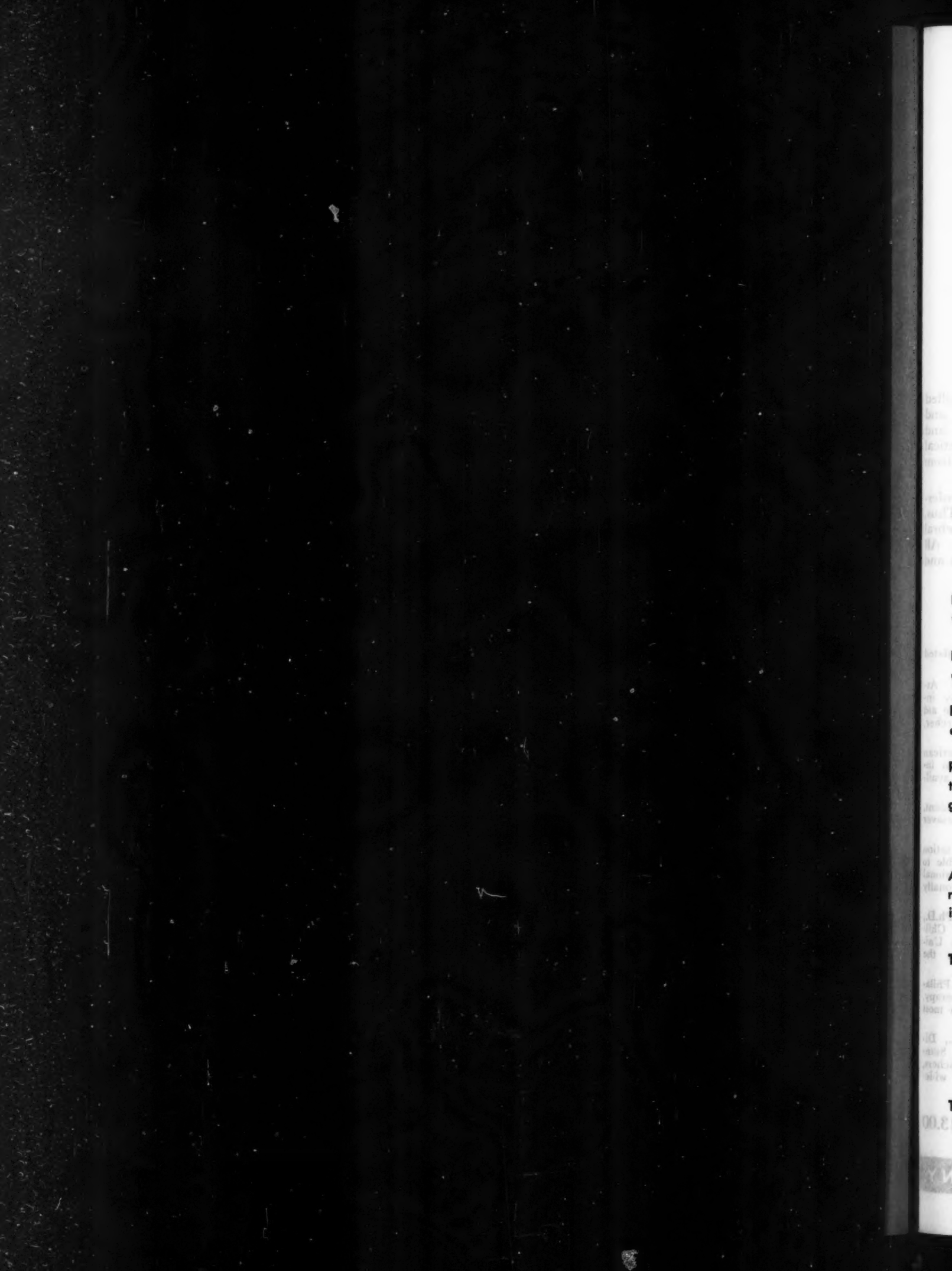
IMMEDIATE PROGRAM AND SERVICES

Services are determined by unmet needs, existing facilities, resources of the Society

and availability of trained personnel and include case finding, diagnostic clinics, medical care, physical, occupational, and speech therapy, treatment centers, rehabilitation centers and curative workshops, mobile clinics, special education, social service, psychological services, sheltered workshops and homebound employment, promotion of employment opportunities for the crippled, recreation, and provision of equipment and prosthetic devices.

The National headquarters provides professional consultation in program planning and community organization to state and local member societies. It maintains liaison with medical specialty groups, offers legislative guidance, a nationwide lending library devoted to literature on handicapping conditions, and a free national personnel registry and employment service which recruits and refers professional workers. It also has an active program of professional education, including scholarships and fellowships, summer workshops for training of professional personnel, exhibits at professional meetings and the publication and distribution of printed materials.

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REHABILITATION LITERATURE is compiled and published monthly by the Library of the National Society for Crippled Children and Adults.

REHABILITATION LITERATURE indexes and abstracts books, pamphlets, and periodical articles on all phases of rehabilitation as relating to the care, welfare, education, and employment of handicapped children and adults.

REHABILITATION LITERATURE serves as a monthly supplement to the reference book *Rehabilitation Literature 1950-1955*, compiled by Graham and Mullen, published in 1956 by the Blakiston Division of McGraw-Hill, New York.

REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

The National Library on Rehabilitation

As a specialized library, the Library of the Easter Seal Society is the most complete in the world. The Library currently receives over 600 periodicals and contains approximately 2000 books and 35,000 reprints and pamphlets. Earl C. Graham is Chief Librarian and Marjorie M. Mullen is Assistant Librarian.

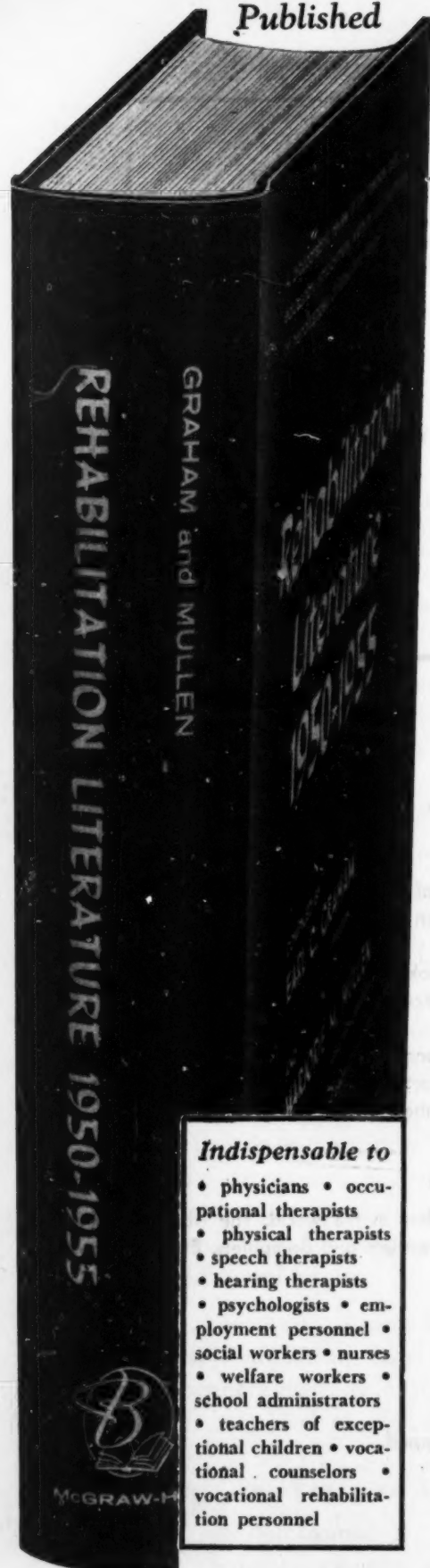
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- physicians • occupational therapists
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Presenting in one alphabetical listing by subject, the references published from January 1950 through December 1955—

Rehabilitation Literature 1950-1955

by EARL C. GRAHAM, Librarian

and MARJORIE M. MULLEN, Assistant Librarian

National Society for Crippled Children and Adults

HERE, in one all-inclusive, new rehabilitation bibliography, two skilled librarians index and annotate 5,214 periodical articles, pamphlets, and books relating to the medical care, education, employment, welfare, and psychology of handicapped children and adults. Included in one alphabetical listing by subject, are the references published in the six-year period from January, 1950, through December, 1955.

Brought together in this one volume are references both to different professional specialty areas and to rehabilitation in various disability areas. Thus, the book has entries under such diverse subjects as audiometric tests, cerebral palsy, nursery schools, brain injuries, psychotherapy, paraplegia, religion. All types of disabilities are covered in this volume including disorders of sight and hearing and orthopedic handicaps.

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HELEN S. WILLARD, Director, Philadelphia School of Occupational Therapy, University of Pennsylvania—"... a most valuable reference source."

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REHABILITATION LITERATURE 1950-1955, 621 pages, 7 x 10, author and subject index, \$13.00

THE BLAKISTON DIVISION, MCGRAW-HILL BOOK COMPANY, Inc., 330 W. 42 St., N.Y. 36, N.Y.

The monthly issues of this abstracting bulletin serve as a supplement to the reference book Rehabilitation Literature 1950-1955, compiled by Graham and Mullen and published in 1956 by McGraw-Hill, New York.

ADOLESCENCE

1. Blakeley, M. Genevieve (Detroit Orthopaedic Clinic, 5447 Woodward Ave., Detroit 2, Mich.)

A medical caseworker looks at the physically handicapped adolescent. Phys. Therapy Rev. Nov., 1957. 37:11:719-722.

The writer, first a high school teacher, then a graduate student in psychiatric social work, caseworker in a child protective agency, caseworker and supervisor in the Detroit Orthopaedic Clinic, and now its executive director, gives her observations based on 20 years' experience in work with adolescents. The physically handicapped she refers to in this article are those whose physical problems are congenital and those whose handicaps were acquired later in life; the blind and the deaf are excluded from this consideration. She urges parents, teachers, and professional persons serving the handicapped to remember 5 facts in dealing with these young people; her philosophy is soundly based on actual experience.

AMPUTATION--EQUIPMENT

2. Brooks, Milo B. (1015 Gayley Ave., Los Angeles 24, Calif.)

Prosthetics in child amputees, by Milo B. Brooks and Robert Mazet, Jr. 15 p. Reprint.

In: Clinical orthopaedics; ed. by Anthony F. DePalma (and others). Philadelphia, J. B. Lippincott Co., 1957. Vol. 9, Chapter 17, p. 190-204.

A review of developments in the field of prosthetics for child amputees, the work of the Juvenile Training Center of the Michigan Crippled Children's Commission, and particularly, the program at the University of California, a joint venture of the Medical School and the College of Engineering. Discussed are surgery in congenital deformity, in traumatic amputation, prosthetic fitting, training in the use of prostheses, psychological aspects of congenital amputation, and problems of repair and replacement of prostheses in child amputees. Contains illustrated case histories.

3. Canty, Thomas J. (Amputation Center, U. S. Naval Hosp., Oakland, Calif.)

Cineplasty; results of follow-up study. U. S. Armed Forces Med. J. July, 1957. 8:7:972-978. Reprint.

A report of a follow-up study for the evaluation of cineplasty and its worth to 40 patients operated on between 1946 and 1952. Of the 40, 28 had biceps cineplasties and 12, pectoral cineplasties; all were young adult males between the ages of 20 and 35. Findings revealed that good results (82.5 per cent) were higher than anticipated and better than those reported elsewhere. Reasons for the high percentage of good results were: selection of patients who were intelligent and cooperative; modern and comfortable prostheses; and training in the use of the prosthesis by an occupational therapist with a fully coordinated program. This final phase of treatment is the most important aspect in ensuring good results from the operation.

AMPUTATION--EQUIPMENT (continued)

See also 132; 133; 134; 135.

AMPUTATION--EQUIPMENT--RESEARCH

4. Artificial Limbs. Spring, 1957. 4:1.

Partial contents: Getting down to cases, Charles O. Bechtol. -Some experience with prosthetic problems of upper-extremity amputees, Marvin S. Gottlieb (and others). -Some experience with prosthetic problems of above-knee amputees, Charles W. Radcliffe, Norman C. Johnson, and James Foort. -The management of the nonfunctional hand; reconstruction vs. prosthesis, Sterling Bunnell.

Most of this issue of Artificial Limbs is devoted to a presentation of selected case histories from the research program carried on at the University of California, both in Los Angeles and Berkeley. Histories are predominantly those of typical problem cases as contrasted with those which responded readily to routine fitting. Also included is a discussion, by a well-known leader in hand surgery, of the possibilities for surgical reconstruction of damaged hands and of the application of prostheses for the partial hand.

Artificial Limbs is published twice a year by the Prosthetics Research Board, Natl. Academy of Sciences-Natl. Research Council, 2101 Constitution Ave., Washington 25, D. C.

APHASIA

5. Monsees, Edna K. (1911 R Street, N. W., Washington 9, D. C.)

Aphasia in children; diagnosis and education. Volta Rev. Nov., 1957. 59:9:392-393, 396-401, 414.

The director of the Hearing Rehabilitation Center of the District of Columbia and audiologist in the Hearing and Speech Department of Children's Hospital, Washington, defines here the aphasic condition and characteristics of aphasic children, the necessity for differential diagnosis between aphasia and deafness, teaching methods, the use of hearing aids, and planning the educational program.

See also 8; 56.

APHASIA--DIAGNOSIS

6. Brown, Joe R. (200 First St., S. W., Rochester, Minn.)

A clinical study of 100 aphasic patients; 1. Observations on lateralization and localization of lesions, by Joe R. Brown and Josephine Simonson. Neurology. Nov., 1957. 7:11:777-783.

A report of a study made at the Mayo Clinic of the general neurologic and language findings in 100 patients with lesions producing aphasia. Data cover patient characteristics, duration and cause of aphasia, etiologic factors, laterality of lesions and handedness, associated neurologic signs, and type of aphasia to locus of lesion. Four chief types of aphasia were found--reading defects, defects in writing or speaking or both, "global" defects, and mixed minor defects. The study suggests certain trends regarding lateralization and localization, the writers believe, but fails to support concepts of any absolute relationships. Because of the small number of cases in each category in this study, the various generalizations are subject to modification on the basis of further observations. Subsequent studies on the same patients will

APHASIA--DIAGNOSIS (continued)

present observations on basic language defects in these patients and how the defects appear to be modified by the stimulus to language, by the aura of the situation, and by the patients' ways of circumventing the defects.

ART

7. Johnson, D. F. (School of Fine Arts, Kansas Univ., Lawrence, Kansas.)
Art education for the educable mentally retarded child. Am. J. Mental Deficiency. Nov., 1957. 62:3:442-450.

The art curriculum designed for defective children should allow for both expression and training; the writer describes the developmental sequence in graphic expression, objectives of the art program which included free expression, development of manual competency, and the teaching of elementary esthetic values and techniques. A list of teaching techniques for retarded children is given. .

See also 120.

ARTHRITIS

See 136.

AUDITORY TESTS

8. Rosenstein, Joseph (Central Institute for the Deaf, 818 S. Kingshighway, St. Louis, Mo.)

Tactile perception of rhythmic patterns by normal, blind, deaf, and aphasic children. Am. Annals of the Deaf. Nov., 1957. 102:5:399-403.

A study investigating the possible differences in tactile perception of rhythmic patterns among the four groups and the amount of learning (rate of improvement in perceptual discriminations) over a series of repeated tests. The hypothesis that time (a dimension of rhythm) perception is dependent upon auditory experience (in normal and blind groups) and that impairment in such perception would be noted in non-hearing and aphasic groups were tested. It was found that the blind perform better in tactile perception of rhythmic patterns than other groups; blind and normal groups improved on repeated trials while the deaf and aphasic did not.

BLIND--PSYCHOLOGICAL TESTS

9. Greenberg, Herbert (Dept. of Sociology, Rutgers Univ., Newark, N.J.)

Differential effects of total blindness and partial sight on several personality traits, by Herbert Greenberg and Sidney Jordan. Exceptional Children. Nov., 1957. 24:3:123-124. Reprint.

A report of a study to test the inference that a totally incapacitated person would have a better chance for successful adjustment than a less handicapped individual. A specific physical handicap--blindness--was investigated to determine whether the totally blind are less neurotic, more self-sufficient, more dominant, and less authoritarian than a comparison group of partially sighted persons. Findings revealed the hypothesis was not borne out in the case of this particular test population other than for authoritarianism. Further research with certain modifications is suggested.

BLIND--RECREATION

10. Jackson, Claire L. (Dallas Services for Blind Children, Dallas, Tex.)
Recreation and the blind child. New Outlook for the Blind. Nov., 1957.
51:9:402-406.

How the professional counselor, the school, and the family of the blind child can assist the child to obtain adequate recreational opportunities and skills. Miss Jackson believes in the integration of blind children with sighted in recreation activities and points out ways of preparing the blind child for such relationships.

See also 19.

BLIND--SPECIAL EDUCATION

See 113.

BRACES

11. Cicienia, Erbert F. (N. Y. State Rehab. Hosp., West Haverstraw, N. Y.)
The problem of brace maintenance, by Erbert F. Cicienia, Hyman L. Dervitz, and Morton Hoberman. Am. J. Phys. Med. Oct., 1957. 36:5: 281-292.

Describes simple procedures and techniques for the minor adjustments and repairs which the brace-wearer can employ to maintain his brace in good working condition. Such care includes a daily brace inspection against a check list of trouble spots, care of shoes and shoe attachments, joints, metal parts and leather parts. Recommended contents of a brace kit necessary for brace maintenance are pictured. Therapists will find this article useful in teaching brace care to patients and the patient will find it a convenient reference.

BRAIN INJURIES

12. Bradley, Charles (3181 S.W. Sam Jackson Park Rd., Portland 1, Ore.)
Characteristics and management of children with behavior problems associated with brain damage. Pediatric Clinics N. Am. Nov., 1957. p. 1049-1060. Reprint.

Another of the papers presented in the "Symposium on brain damage in children," found in the bound volume of the Nov., 1957 issue of Pediatric Clinics of North America (see #137). Describes primary and secondary symptoms of characteristic behavior in brain-injured children, aids to diagnosis, and management of parents and child.

13. Burks, Harold F.
The affect on learning of brain pathology. Exceptional Children. Dec., 1957. 24:4:169-172, 174.

A discussion of the close relationship between organic brain activity and overt behavior, based on the author's observation and research and on a review of some very recent investigations into the physiology of the brain. Characteristics of children with possible brain impairment are described; the author feels justified in applying the term "pseudo-mental retardation" to children exhibiting such characteristics. The hypothesis is advanced here that mentation is adversely affected even if the organic dysfunction is sub-cortical in nature. Essential differences and similarities will be demonstrated, he believes, according to the location of the pathology in the brain. The effect of brain pathology on learning processes is discussed.

BRAIN INJURIES (continued)

See also 137.

BRAIN INJURIES--DIAGNOSIS

See 74.

BRAIN INJURIES--MENTAL HYGIENE

14. Garrard, Sterling D. (221 Scott Ave., Syracuse 3, N. Y.)

Psychological aspects of the management of children with defects or damage of the central nervous system, by Sterling D. Garrard and Julius B. Richmond. Pediatric Clinics N. Am. Nov., 1957. p. 1033-1048. Reprint.

One of the papers presented in the "Symposium on brain damage in children," published in the bound volume of the November, 1957, Pediatric Clinics of North America (see #137). Discusses disturbances of neurologic function in childhood, their effect on psychologic development and interpersonal relationships, parental reactions to the diagnosis, and management of both the child and his parents.

BRAIN INJURIES--PSYCHOLOGICAL TESTS

15. Davids, Anthony (Psychology Dept., Brown Univ., Providence 12, R.I.)

The relation of the Archimedes spiral after-effect and the Trail Making Test to brain damage in children, by Anthony Davids, Louis Goldenberg, and Maurice W. Laufer. J. Consulting Psych. Oct., 1957. 21:5:429-433.

Reports an investigation which clearly confirms results reported by Deabler and Price, Gallese, and Reitan (references appear in bibliography). The present study, actually an extension of these studies, demonstrates applicability of spiral after-effect techniques for use with children. The spiral after-effect test and the Trail Making Test were administered to a group of normal children, a group of emotionally disturbed children, and a group of these suffering from cortical damage. Both tests revealed significant differences among the groups and appear to possess promise as a valid method for assessing cortical damage.

16. Parker, James W. (U.S. Army Hospital, Ft. Ord, Calif.)

The validity of some current tests for organicity. J. Consulting Psych. Oct., 1957. 21:5:425-428.

A report of an analysis of the diagnostic acuity of the Bender Visual-Motor Gestalt Test, Shipley-Hartford Retreat Scale, Wechsler-Bellevue block-design subtest, the Weigl-Goldstein-Scheerer Color-Form Sorting Test, and the Wechsler Memory Scale in differentiating brain-damaged subjects from those revealing no evidence of neurological involvement. Findings revealed that only the Wechsler-Bellevue block-design subtest significantly differentiated the two groups.

BRAIN INJURIES--RESEARCH

17. Doll, Edgar A. (Chuckanut Drive, Box 143, Bellingham, Wash.)

Research on CNS impairment. Perceptual and Motor Skills. 1956. 6:255. Reprint.

A brief comment on research opportunities for both clinical and experimental psychology in the areas of perceptual and motor phenomena as major facets of neurophrenic behavior in patients who show extreme atypicalities.

BRAIN INJURIES--STATISTICS

18. Pasamanick, Benjamin (Coll. of Med., Ohio State Univ., Columbus, Ohio)

Some early organic precursors of racial behavioral differences, by Benjamin Pasamanick and Hilda Knobloch. J. Natl. Med. Assn. Nov., 1957. 49:6:372-375.

From data collected in a series of studies on infant growth and development in Baltimore over the past twelve years, the authors of this article made a study of the behavioral development of Negro infants and the socio-economic variables which might account for differences between white and Negro norms. Because of inordinately high rates of complications of pregnancy and prematurity among Negroes even over the lowest white socio-economic group, socio-cultural variables would appear to affect individuals of lower caste racial groups both organically and psychologically.

CAMPING

19. Miller, Irving (119 W. 69th St., New York 23, N. Y.)

Camping with the handicapped. New Outlook for the Blind. Nov., 1957. 51:9:411-415.

The author, executive director of Vacation Camp for the Blind, New York City, believes firmly in the value of integrated camping for the sighted and the blind. He offers his observations for the implications which they have for camping with all handicapped persons, the physically handicapped especially. The basis for the decision as to how and where any handicapped person should be served should rest on the individual need, degree of adjustment, and degree of handicap.

See also 112.

CAMPING--NEW HAMPSHIRE

20. Reilly, James J.

An exceptional camp for exceptional children. Am. J. Mental Deficiency. Nov., 1957. 62:3:409-412.

Gives a brief account of the history and operation of what the author terms an "exceptional camp for exceptional children," near Laconia, New Hampshire. Sponsored by the Catholic diocese of New Hampshire, it served 44 children during the summer of 1955; the population included mongoloids, cretins, cerebral palsied, children with general mental retardation, the blind, and those with muscular dystrophy. Dr. Reilly feels that the success of the first year's experience is attested to by the two-fold increase in scope during its second year. Some of the problems needing solution and suggestions for further research in this area are mentioned.

CEREBRAL PALSY

21. Eastman, Nicholson J. (Johns Hopkins Hosp., Baltimore 5, Md.)

The causes and prevention of cerebral palsy. Pediatric Clinics N. Am. Nov., 1957. p. 995-1002. Reprint.

A paper presented in the "Symposium on brain damage in children," published in the bound volume of the Nov., 1957 issue of Pediatric Clinics of North America (see #137). Causes of cerebral palsy discussed are premature birth, obstetrical complications, congenital malformation, and the Rh factor. Recommendations for preventive measures are made.

CEREBRAL PALSY (continued)

22. Horizon sur les problemes de l' enfance handicapes. (New York, Internatl. Soc. for the Welfare of Cripples, 1957) 55 p.

Another of the pamphlets made available for distribution by the International Society for the Welfare of Cripples through the aid of the Gustavus and Louise Pfeiffer Foundation. Material contained in this publication was chosen and compiled by the Education Committee of the Canadian Council for Crippled Children and Adults, and intended primarily for parents and those working with the cerebral palsied. Articles discuss the nature of the condition, psychological aspects, special education, family attitudes, and suggestions for parents. There is no English translation of this booklet in French.

Available from Internatl. Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y.

See also 137.

CEREBRAL PALSY--DIAGNOSIS

23. Britt, L. P. (869 Madison Ave., Memphis 3, Tenn.)

The early diagnosis of cerebral palsy. Pediatric Clinics N. Am. Nov., 1957. p. 1003-1011. Reprint.

Another of the papers presented in the "Symposium on brain damage in children," found in the bound volume of the Nov., 1957 issue of Pediatric Clinics of North America (see #137). Includes: an etiologic classification of cerebral palsy, a discussion of the importance of the case history in diagnosis, points to be observed in the physical examination, and specific tests useful in diagnosis.

CEREBRAL PALSY--INSTITUTIONS--FRANCE

24. Tardieu, Guy (39 Avenue Mozart, Paris 16^e, France)

Le Centre pour Enfants Infirmes Moteurs Cerebraux de l'Hospital Raymond-Poincare de Garches. Rev. de l'Assistance Publique a Paris. July-Aug., 1957. 48:415-422. Reprint.

Describes the first center opened in France specifically for the care and treatment of cerebral palsied children. Another center at Bicerta is being gradually converted to care of the cerebral palsied; this center does the initial screening for the Raymond Poincare Hospital, which has facilities for 48 children between the age of infancy and 10 years. Of these, about 12 are day pupils. The Hospital's philosophy stresses the importance of making the child's association with the center a happy one and family ties are strengthened in every way possible. Methods of treatment are described.

This issue is available from Service de la Documentation et des Archives de l'Assistance Publique a Paris, 7 rue des Minimes, Paris 7, France at 450 francs.

CEREBRAL PALSY--PARENT EDUCATION

25. Boles, Glen (251 Central Park West, New York 24, New York)

Personality factors in mothers of cerebral palsied children. Dissertation Abstracts. 1957. 17:4. 2 p. Reprint.

Abstract of doctoral dissertation, Columbia University, 1956.

CEREBRAL PALSY--PARENT EDUCATION (continued)

A report of a study to determine whether mothers of cerebral palsied children exhibit certain personality characteristics as a result of giving birth to a handicapped child. Characteristics investigated were anxiety, guilt, over-protectiveness and rejection, unrealistic attitudes, marital conflict, and more social withdrawal than mothers of nonhandicapped children. It was also hypothesized that these characteristics would vary in degree according to age of the child and/or religious affiliation of the mother. Findings of this study revealed that mothers of cerebral palsied children may be characterized as overprotective and maritally conflicted, but no significant differences between mothers of the cerebral palsied and those of nonhandicapped children were noted with respect to anxiety, guilt, rejection, and unrealistic attitudes. These latter characteristics were, however, evident to a marked degree in mothers of both groups. Age of the child and religious affiliation were significant factors in mothers of both groups, also. This publication is noteworthy in that it is the first experimentally controlled study of any length of these attitudes.

Microfilm copies of the complete manuscript of 155 pages are available from University Microfilms, Ann Arbor, Mich., at \$2.05. A number of copies are also available in book form (off-set printing) at \$10.00 a copy from the author.

CEREBRAL PALSY--SPECIAL EDUCATION

See 78.

CEREBRAL PALSY--SPEECH CORRECTION

26. Parker, L. P. (25 Brunswick Gardens, London, W. 8, England)

The preparation for speech in the very young cerebral palsied child. Folia Phoniatica. 1957. 9:1:54-58. Reprint.

A report of recent investigations at the Cerebral Palsy Centre in London on the early preparation for speech in the cerebral palsied infant (18 months or younger). A brief study was made of the pathological condition of areas concerned with the primary functions of respiration, suckling, sucking, swallowing, and chewing. Treatment based on the inhibition of abnormal reflexes and facilitation of normal movements in these areas calls for close cooperation between the physical therapist and speech therapist. This type of treatment is based on principles of the Bobath method; while results so far cannot be regarded as conclusive, in some cases where there has been improvement in breathing, suckling, sucking, swallowing, and chewing, the development of speech has progressed in normal sequence even though retarded.

CEREBRAL THROMBOSIS

27. Alvarez, Walter C. (700 N. Michigan Ave., Chicago 11, Ill.)

The management of persons with little strokes. Geriatrics. July, 1957. 12:7:421-425. Reprint.

A physician's answer to some of the problems caused by the "little stroke," the type of treatment advisable, what advice should be given the patient and his family, and what can be done in cases of financial incompetence.

CHIROPODY

28. Calmenson, Kermit (One DeKalb Ave., Brooklyn, N. Y.)
Techniques in foot rehabilitation. J. Natl. Assn. Chiropodists. July, 1957. 47:7:327-331. Reprint.

Describes a motor driven apparatus developed by the author, designed to correct foot imbalance and aid in foot rehabilitation. The article deals with passive exercise therapy, active voluntary exercise therapy, and progressive resistance exercises.

CHRONIC DISEASE--NURSING CARE

29. Chiga, Dorothy E. (Tuberculosis Unit, Univ. of Kansas Med. Center, Kansas City, Kan.)

Planning the care of patients with long-term illness. Nursing Outlook. Nov., 1957. 5:11:666-668.

Team conferences, inservice education programs, simplified procedures and routines in a tuberculosis unit help nursing personnel to gain more insight into all aspects of the rehabilitation of tuberculosis patients. The same techniques can be applied in nursing care of other long-term patients. This article is adapted from a paper presented at the annual convention of the Natl. League for Nursing in 1957.

CHRONIC DISEASE--PROGRAMS

See 110.

CHRONIC DISEASE--SURVEYS--PENNSYLVANIA

30. Altman, Isidore (Graduate School of Public Health, Univ. of Pittsburgh, Pittsburgh 13, Pa.)

The need for certain types of medical facilities in Pennsylvania as estimated by physicians. Pa. Med. J. Oct., 1957. 60:10:1346-1348.

In same issue: Physical medicine and rehabilitation in long-term disabilities (an editorial), by Albert A. Martucci. p. 1351-1353.

Presents the results of a questionnaire sent to all members of the Pennsylvania State Medical Society in regard to actual referrals to nursing homes, chronic disease hospitals, diagnostic and treatment centers, and rehabilitation facilities, with an estimate of the number of referrals they would send if such facilities were available and there were no financial barriers. Replies indicated a considerable need for nursing homes, chronic disease hospitals and rehabilitation centers. The method employed in this study offers possibilities warranting further exploration.

CLEFT PALATE--NURSING CARE

See 81.

CLEFT PALATE--PARENT EDUCATION

31. Lillywhite, Herold (Univ. of Oregon Med. School, Crippled Children's Div., 3181 S. W. Sam Jackson Park Rd., Portland 1, Ore.)

Counseling with parents of children with cleft lip and palate. Cleft Palate Bul. Oct., 1957. 7:4:3-5.

CLEFT PALATE--PARENT EDUCATION (continued)

Describes a parent-counseling program at the University of Oregon Medical School's Crippled Children's Division for the benefit of parents of cleft palate children. Responsibilities of specialists who come in contact with the cleft palate child during treatment are discussed briefly. This article is concerned mainly with a series of six letters which supplement person-to-person counseling and are sent out at specific times when parents need information to handle particular problems. Evaluation of the usefulness of the letters is not possible at this time since they have been in use only the past nine months, but initial response is favorable.

COLOR

32. Kratter, Frederick Edward (Caswell Training School, Kinston, N.C.)

Color-blindness in relation to normal and defective intelligence. Am. J. Mental Deficiency. Nov., 1957. 62:3:436-441. Reprint.

A brief review of the literature on color-blindness, the ability to discriminate colors, and the incidence of color-blindness in normal persons and high-grade and low-grade defectives. Incidence among low imbecile male populations is about twice as high as that in the moron group in regard to red-green blindness. Professional decorators are urged to design interiors of institutions for mental defectives in blue-pink-yellow combinations since these are fairly well perceived. The importance of bright colors in the emotional and instinctive life of defective children is emphasized.

CONGENITAL DEFECT--ETIOLOGY

33. Warkany, Josef (Children's Hosp., Elland and Bethesda Aves., Cincinnati 29, O.)

Experimental teratology, with special reference to congenital malformations of the central nervous system, by Josef Warkany, Harold Kalter, and Jean F. Geiger. Pediatric Clinics N. Am. Nov., 1957. p. 983-994. Reprint.

Another of the papers presented in the "Symposium on brain damage in children," found in the Nov., 1957 issue of Pediatric Clinics of North America (see #137). Discusses the experimental production of congenital malformations of the central nervous system in animals and their value to the understanding of congenital defects in humans. Bibliography of 73 references.

See also 76.

COOPERATIVE ASSOCIATIONS

34. Antoni, Antoine (19 rue du Renard, Paris 4, France)

Cooperative association for the disabled; its achievements and possibilities. Rev. Internatl. Cooperation. Sept., 1957. 50:9:215-220. Reprint.

The author, Secretary General of the Confederation of Workers' Productive Societies, Paris, submitted this report to the Auxiliary Committee of Workers' Productive and Artisanal Cooperatives held in Stockholm in June, 1957. Cooperative association is a recent phenomenon among disabled persons. He reports on such experiments in France, Italy, and Czechoslovakia, the object of which is to create working centers for those whose work capacity is reduced and where their limitations are recognized. Such organizations serve the same purpose as the sheltered workshop and homebound program in this country but are advocated as being a more complete solution to the problem

COOPERATIVE ASSOCIATIONS (continued)

of integrating disabled persons into the national economy. A listing of organizations in various countries which are affiliates of the International Cooperative Alliance is included in this issue which is published by the International Cooperative Alliance, 11, Upper Grosvenor St., London W.1, England.

DEAF

See 60.

DEAF--BIBLIOGRAPHY

35. Jerger, James F. (Hearing Center, School of Speech, Northwestern Univ., Evanston, Ill.)

Audiology; summaries of the bibliographic material available in the field of audiology for 1955. A.M.A. Arch. Otolaryngology. Aug., 1957. 66:2: 192-213. Reprint.

Divided into four parts, this review of the audiological literature for 1955 covers: 1) primarily, anatomically and physiologically oriented studies of the hearing mechanism; 2) psychoacoustic studies pertinent to audiology; 3) various aspects of hearing impairment, termed "applied audiology;" and 4) new books and journals. Includes a bibliography of 179 references. Review of the literature is selective and aims to present a reasonably balanced picture of the nature and direction of activities in the field of the period covered. The areas of fenestration surgery and stapes mobilization are not considered.

DEAF--PERSONNEL

36. Chicago Hearing Society (30 W. Washington St., Chicago 2, Ill.)

Orientation material for center staff regarding work with hearing impaired children. Chicago, The Society, 1957. 9 p. Mimeo.

An orientation manual devised by the Chicago Hearing Society to acquaint staffs of community centers with its Children's Program, begun in 1953 to serve hearing impaired children between the ages of 7 and 14. Purposes of the program are socialization, integration of hearing impaired with normally hearing children, and use of community centers to further these purposes. The roles of the Society and community center in the program are defined and background information given on hearing loss and its effects, ways in which the child can be helped to acquire communication skills, and suggestions for effective communication.

DEAF--PSYCHOLOGICAL TESTS

37. Goetzinger, C. P. (1217 Hunter Lane, Ridgeview So., Olathe, Kan.)

A study of the Wechsler Performance Scale (Form II) and the Knox Cube Test with deaf adolescents, by C. P. Goetzinger and C. L. Rousey. Am. Annals of the Deaf. Nov., 1957. 102:5:388-398.

Reviews earlier investigations of the intelligence of children in schools for the deaf and findings of the present study, undertaken to determine intelligence of deaf adolescents as measured by the performance scale of the Adult Wechsler, Form II and the interest variability of various groups of deaf adolescents. Findings reflected difficulty in subvocalization due to restricted language concepts and usage, and retardation in visual memory

DEAF--PSYCHOLOGICAL TESTS (continued)

span as measured by the Knox Cube Test; interest variability was significant in the group as a whole. It was believed that deafness and not etiology is the reason for the highly significant interest variability within each group. Subjects who had possessed hearing for a few years and had acquired deafness did not show any benefits from the experience of hearing. 33 references.

DEAF--SPECIAL EDUCATION

See 100.

DEAF--SPECIAL EDUCATION--NEW YORK

38. New York (City). Board of Education. Bureau of Educational Research

Studies of children with physical handicaps: IV. The integration of deaf children in a hearing class, prepared by Joseph Justman (and others). Brooklyn, The Bureau, 1956. 48 p. tabs. (Publ. no. 36, March, 1956)

The latest in a series of publications based on studies of physically handicapped children in the New York City schools, presenting findings of pupil abilities, characteristics, and evaluations of current school practices. Methods of the study and data are included on academic achievement, social adjustment, expressed attitudes of hearing children in participating in the experimental class and to their deaf classmates, and reactions of participating teachers to integrated classes. Includes also an evaluation of results of the experiment in integration and recommendations for further efforts in this type of instruction for acoustically handicapped children.

Earlier reports in this series are: I. The child with cardiac limitations. 1953. 154 p. (Publ. no. 32). -II. The child with orthopedic limitations. 1954. 132 p. (Publ. no. 33). -III. Sixth grade children with visual handicaps enrolled in sight conservation classes. 1955. 27 p. (Publ. no. 34).

Issued by J. Wayne Wrightstone, Bureau of Educational Research, Board of Education of the City of New York, 110 Livingston St., Brooklyn 1, N. Y.

DEAF--SPECIAL EDUCATION--RUSSIA

39. Gruffydh-Williams, Howard (Mary Hare Grammar School for the Deaf, Newbury, Berkshire, England)

Speech and language for the deaf in Russia. Volta Rev. Nov., 1957. 59:9: 387-391.

Offers the author's observations on certain phases of education of the deaf in Russia made during a visit to that country in 1953. Methods employed, number of class hours per subject, and the emphasis on development of speech and its use in communication and language are discussed.

DRUG THERAPY

40. Ison, M. Gail (Idaho State Mental Retardation Program, Boise, Idaho)

The effect of "Thorazine" on Wechsler scores. Am. J. Mental Deficiency. Nov., 1957. 62:3:543-547.

A fairly representative sample of the population of the Grafton State School, Grafton, North Dakota was tested to determine if IQ of the subjects would change following the administration of chlorpromazine (Thorazine). Following a 31-day trial of the drug, no significant changes in IQ between the experimental and control groups was evident though there was a statistically

DRUG THERAPY (continued)

significant increase in the mean weighted score of the entire group on two sub-tests (Digit Symbol and Comprehension). No significant difference between the means of the Undifferentiated and Familial groups was shown. Positive changes in performance upon sub-tests seemed to be related to motor relaxation rather than an emotion and anxiety reducing type of relaxation.

DWARFISM

41. Di George, Angelo M. (St. Christopher's Hosp. for Children, 2600 N. Lawrence St., Philadelphia 2, Pa.)

Dwarfism, by Angelo M. DiGeorge and Karl E. Paschkis. Pediatric Clinics N. Am. Nov., 1957. p. 925-948. Reprint.

A review of the genetic (hereditary), nutritional, and hormonal factors responsible for growth deficiency resulting in dwarfism. 45 references. One of the papers included in the symposium on "Pediatric Endocrinology," published in the November 1957 volume of Pediatric Clinics of North America (see #137).

EMPLOYMENT--PUBLICITY

42. U. S. Women's Bureau

How to conduct an earning opportunities forum in your community.

Washington, D.C., Gov't. Print. Off., 1956. 15 p. (Leaflet 25, 1956)

The Earning Opportunities Forum is described as a one-day meeting bringing together women seeking earning opportunities, representatives of employers seeking workers, and community members seeking to help women market their services and skills. Pilot programs have been conducted successfully in Boston and Baltimore, indicating the usefulness of this type of action in the community. The booklet suggests ways of planning and organizing the forum, as well as outlining a possible program. Responsibilities of various committees involved in planning and running the forum are mentioned briefly. The forum's purpose is to focus attention on types of jobs available to older women and the women in the area who are available to fill them.

Copies of this booklet can be obtained from U.S. Superintendent of Documents, Washington 25, D.C., at 15¢ a copy.

EMPLOYMENT (INDUSTRIAL)--GREAT BRITAIN

43. Weir, R. D. (Univ. of Aberdeen, Aberdeen, Scotland)

A study of 108 registrations under the Disabled Persons (Employment) Act. Rehabilitation. Autumn, 1957. 23:16-27.

Reports findings of a survey of 108 unemployed persons referred to the Aberdeen (Scotland) Employment Exchange without a prior assessment of their needs and abilities. An analysis of data was made on the basis of those persons employed within six months of registration and those still unemployed at the end of six months. Data are included on type of disability, age-groups of employed and unemployed, level of skill in relation to employment, age and severity of disability, attitude toward work, and work record. Findings confirm the importance of age and attitude to work in satisfactory rehabilitation.

EMPLOYMENT (INDUSTRIAL)--PLACEMENT--GREAT BRITAIN

44. Southworth, T. C.

The D. R. O. service of the Ministry of Labour. Rehabilitation. Autumn, 1957. 23:6-8, 15.

An outline of a talk by the author at University College, Keele, (England) in 1957. He describes services of the Disablement Resettlement Officer, part of the wider services provided by the Employment Exchanges in Great Britain. Vocational training of the disabled for designated employment, sheltered employment and employment under the Quota Scheme is explained and duties of the D. R. O. defined.

ENDOCRINE DISORDERS

See 137.

EPILEPSY

See 137.

EPILEPSY--MEDICAL TREATMENT

45. Chamberlain, Harrie R. (Univ. of N. Carolina School of Med., Chapel Hill, N. C.)

Some aspects of the evaluation and management of convulsive disorders in childhood. N.C. Med. J. Oct., 1957. 18:10:453-458.

A brief review of the etiologic factors in recurrent convulsions, stressing the need for detailed evaluation of each patient with seizures before considering the institution of anticonvulsant therapy. Practical points in regard to anticonvulsant therapy are discussed, as well as the reasons for preferring phenobarbital in the treatment of children. Other aspects of the broad management of these children are considered; parents' attitudes toward their epileptic children are stressed.

EPILEPSY--PSYCHOLOGICAL TESTS

46. Shaw, Merville C. (Chico State Coll., Chico, Calif.)

The Rorschach performance of epileptic children, by Merville C. Shaw and William M. Cruickshank. J. Consulting Psych. Oct., 1957. 21:5:422-424.

A report of an experimental study, which failed to confirm most of the alleged Rorschach indicators of epilepsy as described in various earlier studies. The authors account for differences in results for 3 reasons: (1) the present study seems to be the first in which a rigorous system of matching experimental subjects with control subjects has been used; (2) use was made of statistical tests of significance rather than subjective comparisons; (3) the study was confined to one diagnostic category of epilepsy of homogenous severity while other studies have tended to include all types of epileptic patients without regard to etiology. On the basis of the present findings the authors do not believe the Rorschach appears to be a useful clinical tool for the differential diagnosis of idiopathic epilepsy.

EXERCISE

47. Gregg, Robert A. (Capt. Gregg, MC, USA, Phys. Med. Serv., Fitzsimons Army Hosp., Denver 8, Colo.)

Cross exercise; a review of the literature and study utilizing electromyographic techniques, by Robert A. Gregg, Aniello F. Mastellone, and Jerome W. Gersten. Am. J. Phys. Med. Oct., 1957. 36:5:269-280.

Presents a brief review of the literature on "cross exercise," the results of numerous experiments on healthy adults for the purpose of studying the transfer effects of resistive exercise, and the experimental method using electromyographic techniques. Conclusions supported by data from this study are discussed.

FOOT

See 28.

HANDICAPPED--EQUIPMENT

48. Cicienia, Erbert F. (N.Y. State Rehabilitation Hosp., West Haverstraw, N.Y.)

Solving the problem of self-care with self-help devices, by Erbert F. Cicienia, Joan Rosenthal, and Charlotte F. Springer. Phys. Therapy Rev. Nov., 1957. 37:11:726-735.

The authors point out the necessity and justification for the use of assistive devices to provide those patients so severely disabled that they were dependent with the means of performing daily living activities independently. Six case histories illustrate the usefulness of assistive devices which are pictured; each represents a different type of functional training problem.

49. Smyth, M. (Central Council for the Care of Cripples, 34 Eccleston Sq., London, S.W. 1, England)

Everyday aids for the disabled. Med. World. Nov., 1957. 87:5:439-442.
In same issue: Aids for the disabled (an editorial). p. 435-436.

A brief review for the general practitioner of what has been done to provide simple and inexpensive aids to help the disabled live independently. Mere "gadgets" are frowned upon but many of the problems of housewives, especially, can be solved by the intelligent adaptation of existing equipment. More architectural planning in the interests of the handicapped is necessary. Grants for adaptations in homes are made in Great Britain to modify existing facilities to meet the needs of the handicapped individual. The editorial on p. 435 notes the need for a clear policy on persons requiring aids; each case demands individual assessment and careful training in the use of aids. For unskilled welfare workers or persons working with voluntary agencies to hand out aids indiscriminately is poor policy. As such, it cannot replace a comprehensive medical service for care and rehabilitation.

HARD OF HEARING--INDIANA

See 122.

HARD OF HEARING--PSYCHOLOGICAL TESTS

50. Kahn, Harris (Edward Johnstone Training and Research Center, Bordentown, N.J.)

Responses of hard of hearing and normal hearing children to frustration. Exceptional Children. Dec., 1957. 24:4:155-159.

A report of a study concerned with investigating the relationship between hearing loss and response to frustration, based on a doctoral dissertation submitted to the New York University School of Education. A projective and a "realistic" frustration technique was used with 3 matched groups of children who differed in degree of hearing acuity. Few differences were observed between groups in terms of response to frustration. Differences tended to indicate hard of hearing children met frustration more constructively than non-handicapped children. Subjects of the study differed from other children in the conventionality of their responses, but this tendency appears to reflect better than "normal" social maturity, especially for the severely handicapped.

HARD OF HEARING--SURVEYS--KENTUCKY

51. Kodman, Frank, Jr. (Audiology Clinic, Univ. of Kentucky, Lexington, Ky.)

The incidence of hearing loss in Kentucky school children, by Frank Kodman, Jr., Charles E. Acuff, and Kenneth R. Stockdell. J. School Health. Nov., 1957. 27:9:253-258.

In this report emanating from the Division of School Health, Kentucky State Dept. of Health, methods and results of a survey of the incidence of hearing loss in a representative sample of school children in rural-urban areas of Kentucky are discussed. A second report to be published later will deal with follow-up procedures in a hearing conservation program and its implications.

See also 124.

HEALTH EDUCATION

52. Ernstene, A. Carlton (2020 E. 93rd St., Cleveland 6, Ohio)

Explaining to the patient; a therapeutic tool and a professional obligation. J. Am. Med. Assn. Nov. 2, 1957. 165:9:1110-1113. Reprint.

Explanations by the physician of the nature, rationale of management, and general prognosis of an illness are an essential part of medical practice; better cooperation in carrying out treatment is gained from the patient. Explanations are also evidence of the sympathetic interest of the physician. The role of explanation in angina pectoris, myocardial insufficiency and congestive heart failure, and in psychosomatic disorders is discussed to illustrate the value of this technique.

53. Wishik, Samuel M. (Univ. of Pittsburgh, Pittsburgh 13, Pa.)

Interpretation to school teachers and other professional persons on handicapping and chronic conditions. Pediatrics. Nov., 1957. 20:5 (Part 1): 907-909.

Dr. Wishik believes that the pediatrician's interpretation of medical conditions and the problems which accompany them in the child will be more helpful and complete if it is organized around a prepared list of categories. He discusses these in the form of questions and illustrations for each and solicits replies from other physicians who have encountered problems in helping teachers to understand the medical conditions of children.

HEART DISEASE

See 52; 93.

HEART DISEASE--MEDICAL TREATMENT

54. Newman, Louis B. (333 E. Huron St., Chicago 11, Ill.)

The role of physical medicine and rehabilitation in rheumatic heart disease. J. Am. Med. Assn. Nov. 23, 1957. 165:12:1547-1555.

A total over-all clinical program of medical, nursing, dietetic, social, educational, psychological, vocational, and recreational services can result in the successful rehabilitation of those with rheumatic heart disease. Permanent heart damage, often resulting from rheumatic fever, is the most disabling feature of the disease. The physiatrist should have a thorough knowledge not only of physical medicine and rehabilitation procedures, but an understanding of the incidence, pathology, clinical manifestations, and prognosis, and of the role of vocational counseling and selective job placement before he attempts to plan a rehabilitation program for the individual patient. Dr. Newman reviews all aspects of the disease and its treatment briefly.

HEMIPLEGIA

55. Allen, I. M. (Kelvin Chambers, The Terrace, Wellington, C. 1, N. Zealand)

Some aspects of bilateral hemiplegia with special reference to clinical features of hemiplegia. N. Zealand Med. J. Apr., 1957. 56:312:112-121. Reprint.

A report on clinical features seen in 64 cases of bilateral hemiplegia due mainly to cerebrovascular lesions, amyotrophic lateral sclerosis, and congenital lesions of the brain. Features which appeared only in bilateral hemiplegia are described, as well as their relative frequency of appearance with different pathological states.

HEMIPLEGIA--MEDICAL TREATMENT

56. Rogers, Eugene J. (1664 41st St., Brooklyn, N. Y.)

Hemiplegia; its incidence and association with aphasia and fractures in a chronic disease hospital. N. Y. State J. Med. July 1, 1957. 57:13:2220-2224. Reprint.

An analysis of data based on a review of 1,317 charts which covered discharges and deaths from Bird S. Coler Hospital and Home, New York, from July 1952 to January 1955. This article deals only with data on hemiplegia, in relation to sex, age at time of onset, presence of aphasia, side of involvement, incidence of multiple strokes, and evidence of fracture. Analyses are quoted on the conditions predisposing to hemiplegia which would suggest the possibility of differences between the sexes, but the impression was not confirmed statistically. A higher incidence of aphasia than anticipated was revealed, particularly in left hemiplegic patients. Implications of the findings for general care and management of hemiplegic patients are discussed.

HOME ECONOMICS

57. Michigan State University. College of Home Economics

Work simplification for disabled and for normal homemakers; workshop proceedings, July 1-12, 1957; sponsored by Department of Home Management and Child Development... in cooperation with American Heart Association... Michigan Heart Association, Office of Vocational Rehabilitation... Continuing Education Service.... East Lansing, The College, 1957. 35 p. Mimeo.

At the first workshop held in the Midwest dealing with work simplification methods for disabled and normal homemakers, two sections were offered for those working with the normal or disabled homemaker. Joint sessions allowed all participants to gain insight into problems of the disabled and the contribution which the home economist can make in rehabilitation. These proceedings contain only abstracts of the talks and presentations on work simplification methods, home management of the disabled, body mechanics, training the disabled, work of the Michigan Office of Vocational Rehabilitation, the team approach to rehabilitation, the meaning of "activities of daily living," and evaluation of disability.

Available from Michigan State University, College of Home Economics, East Lansing, Mich.

HOMEBOUND--SPECIAL EDUCATION

58. Richards, J. A.

How to teach shut-in students by telephone; a handbook for teachers, administrators, parents, and physicians with suggestions for homebound and hospitalized students; preliminary ed. New York, Executone, 1957. 20 p.

Describes the school-to-home telephone system for homebound children which enables them to participate in regular classroom work and provides social contacts through direct communication with classmates. This pamphlet offers suggestions on administrative aspects of the program, on procedures for special education to the teacher, guidance director, and principal, as well as brief information for the physician, parents, hospital administrator, and student himself.

Additional information on teaching by telephone, as well as copies of this handbook, can be obtained from the Special Education Division, Executone, Inc., 415 Lexington Ave., New York 17, N. Y.

HOSPITALS--PHYSICAL THERAPY DEPARTMENTS

59. Bonnet, Philip D.

Big step forward; introducing the newly released "Physical therapy; essentials of a hospital department"... Hospitals. Nov. 1, 1957. 31:21:41-43.

A report on the development and contents of the new physical therapy manual published by the American Hospital Association. Included here are the plans suggested for a small physical therapy department in hospitals, as given in the manual. Copies of the publication are available from the American Hospital Assn., 18 E. Division St., Chicago, Ill. at \$1.00 a copy (See Rehabilitation Literature, Dec., 1957, #1415.

INSURANCE

60. Holcomb, R. K. (Tennessee School for the Deaf, Knoxville, Tenn.)

An investigation of insurance and insurance problems pertaining to the deaf. Silent Worker. Oct.-Nov., 1957. 10:2-3:8-9.

A brief summary of the results of a questionnaire survey of insurance companies, state insurance officials, schools for the deaf, and other reference sources to discover the present status of the deaf in the insurance field. Inquiries were made concerning coverage for life, health and accident, automobile collision and liability. Specific companies and their operating policies on life insurance for the deaf are mentioned; in the other categories only statistical data are given with no mention of specific companies.

MEDICAL SERVICE

61. Marquette University

Interprofessional cooperation for the improvement of our health and welfare; papers delivered at a conference on health and rehabilitation, the third in a series of Anniversary celebrations, January 23, 24, 25, and 26, 1956. Milwaukee, Wis., Marquette Univ. Pr., 1956. 125 p.

Members of various health professions participated in the Conference, the purpose of which was to promote better understanding of the goals and methods of the professions and to study the impact of economic and social aspects of the increased interest in health which is influencing government, industry, education, and social legislation.

Contents: Introduction, John S. Hirschboeck. -Interprofessional cooperation for the improvement of our health and welfare, Robert A. Moore. - Medical teamwork in the modern hospital, Robin C. Buerki. -The challenge of interprofessional cooperation to medical education, Stanley E. Dorst. - Interprofessional cooperation and patient rehabilitation, Howard A. Rusk. - Dentistry's role and responsibility in the health services, Maynard K. Hine. - The medical profession and its cooperative relationships with special interest groups, Herman G. Weiskotten. -Interprofessional cooperation and the special disease interest groups: I, David E. Price; II, Joseph C. Hinsey.

Available from Marquette University Press, 1131 W. Wisconsin Ave., Milwaukee 3, Wis.

MENTAL DEFECTIVES

See 32.

MENTAL DEFECTIVES--NEW JERSEY

62. Public Health News, N. J. State Dept. of Health. Oct., 1957. 38:10.

Entire issue devoted to the subject.

Title of issue: Understanding mental retardation.

Contains a series of lectures sponsored for physicians by the New Jersey Chapter of the American Academy of Pediatrics, the State Department of Institutions and Agencies, and the State Department of Health.

Contents: Purposes of lecture series and publication, Renee Zindwer. - Classification and etiological factors in mental retardation, Herman Yannet. - Emotional disturbances simulating mental retardation, Leo Kanner. -Diagnostic approach to mental retardation, Margaret Joan Giannini. -Mental retardation as a social problem, Howard R. Kelman. -Resources in New Jersey for mentally retarded children, Maurice G. Kott.

MENTAL DEFECTIVES--NEW JERSEY (continued)

Copies of this issue are available on a limited basis from New Jersey Department of Health, State House, Trenton 25, N.J.

MENTAL DEFECTIVES--DIAGNOSIS

63. Sloan, William (State Colony and Training School, Pineville, La.)

One year of experience with the AAMD modification of the nomenclature, by William Sloan and James E. Howell. Am. J. Mental Deficiency. Nov., 1957. 62:3:422-427.

Describes experiences of the State Colony and Training School, Pineville, La., in use of a suggested modification of the nomenclature composed by the American Psychiatric Assn. in 1952 and modified by the special committee of the American Assn. for Mental Deficiency. The report contains a discussion of results of use of the AAMD modification with 216 consecutive admissions on a trial basis. The proposed modification is considered more effective than the scheme proposed by the American Psychiatric Assn. Advantages of the modified classification, weaknesses, and suggested modifications are discussed.

See also 84.

MENTAL DEFECTIVES--INSTITUTIONS

64. Kramer, Morton (Biometrics Branch, Natl. Institute of Mental Health, Bethesda 14, Md.)

A method for determination of probabilities of stay, release, and death, for patients admitted to a hospital for the mentally deficient; the experience of Pacific State Hospital during the period 1948-1952. Am. J. Mental Deficiency. Nov., 1957. 62:3:481-495.

Describes a method of statistical analysis appropriate to the study of the flow of patients through institutions for the mentally retarded, illustrated by its application to the study of rates at which first admissions to Pacific State Hospital have been returned to the community or died during hospitalization in a 4-year period. Also discussed are some aspects of basic epidemiological, clinical, and administrative research needed to assist in interpretation of the findings and in the implementation of institutional programs.

MENTAL DEFECTIVES--MEDICAL TREATMENT

See 40.

MENTAL DEFECTIVES--PARENT EDUCATION

65. Ewert, Josephine C. (1121 Sixth Ave., S. W., Rochester, Minn.)

Conditions associated with the mother's estimate of the ability of her retarded child, by Josephine C. Ewert and Meredith W. Green. Am. J. Mental Deficiency. Nov., 1957. 62:3:521-533.

A report of a study of the relationship between data obtained from histories and the accuracy of mothers' estimates of their retarded children's functioning age level. Conclusions are based on interviews with 100 mothers of retarded children seen on an out-patient basis at the Mayo Clinic. Medical examination caused 50 of these children to be classified as having mental retardation of unknown causation; the remainder were found to have a serious physical condition--these are designated as having organic lesions. Particular attention

MENTAL DEFECTIVES--PARENT EDUCATION (continued)

is focused on determination of whether certain factors in the history seem related to the accuracy of the parent's rating based on a comparison with the results of psychologic testing of the child.

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

66. Bensberg, Gerard J. (Psychology Dept., George Peabody College for Teachers, Nashville 5, Tenn.)

Reaction time in mental defectives with organic and familial etiology, by Gerard J. Bensberg and Gordon N. Cantor. Am. J. Mental Deficiency. Nov., 1957. 62:3:534-537.

An investigation of the influence of the etiology of mental retardation on the speed of reaction time on simple and discrimination tasks as demonstrated by organic and familial types of mental defect. Findings revealed the famili-als, as a total group, were significantly faster than organics on both the simple discrimination tasks. Findings of previous studies seem to be verified in regard to the results of brain injury which in every instance depend upon location and extent of damage.

67. Clader, Dorothy E. (1574 Grape St., Denver 20, Colo.)

Accelerated intellectual growth and personality development as seen in phenylketonuric subjects during medical treatment. Am. J. Mental Deficiency. Nov., 1957. 62:3:538-542.

Case reports on three children with the medical diagnosis of phenylketonuria, a condition characterized by severe mental retardation resulting from effects of nonmetabolized phenylalanine in the blood stream. Experimental medical treatment is based on the administration of a specific synthetic diet free of the offending protein. Brief summaries of the behavioral changes observed in the three cases are included. Progressive psychological evaluations, the first before special dietary treatment and the remainder made periodically during the following year, revealed the steady progress of the children toward higher intelligence and greater social maturity. Some unexplained problems raised by this investigation are mentioned to indicate areas of further research.

68. Weatherwax, Joy (Dr. Benoit, Governor Bacon Health Center, Delaware City, Del.)

Concrete and abstract thinking in organic and non-organic mentally re-tarded children, by Joy Weatherwax and E. Paul Benoit. Am. J. Mental Deficiency. Nov., 1957. 62:3:548-553.

Discusses the possibility of determining experimentally whether the presence of brain injury in mentally retarded children significantly affects the capacity for abstract thinking. A brief review of the literature in this area is made and an experimental investigation conducted at the Dixon State School, Illinois is reported. Implications of its results for teaching mental retardates are discussed and caution is recommended in the matter of denying that children with mental retardation due to organic causes are capable of abstract thought.

MENTAL DEFECTIVES--RECREATION

69. Collmann, R. D. (Royal Eastern Counties Hosp., Colchester, Essex, England)

Leisure activities of educationally subnormal and other ex-pupils in England, by R. D. Collmann and D. Newlyn. Am. J. Mental Deficiency. Nov., 1957. 62:3:464-469.

A paper reporting on a survey of the leisure activities and civic responsibility of ex-pupils of special schools in England for the educationally sub-normal as compared with those of a group of mentally dull and intellectually normal. Information is summarized in tables dealing with marital status, sports, hobbies, observational activities, voting and police records. Social acceptability and adequacy of the educationally subnormal were almost identical with that of the two higher IQ groups, and only a relatively small difference was found in employment success. Four years at least had elapsed between the subjects' leaving school and the time of the survey. Findings are justification for the English special school system for the educationally sub-normal, the authors believe. Employment success of all three groups was reported on in earlier articles by the authors appearing in the Am. J. Mental Deficiency, Jan., 1957 and Apr., 1956. (See Rehabilitation Literature, Mar., 1957, #338 and... June, 1956, #680)

70. Sember, Andrew T. (Training School, Vineland, N.J.)

A critique of summer recreational and craft activities for mentally retarded children. Training School Bul. Nov., 1957. 54:3:37-47.

Describes activities and administration of a summer recreation program over a two-month period at the Training School, Vineland, N.J. Problems associated with designing a program for a large group of institutionalized mentally retarded children with a wide range of chronological ages were solved through setting up 7 playground areas serving cottages of close chronological and mental ages. An accurate record of successful and unsuccessful activities and teaching methods was kept; much of the information is summarized here. Desirable modifications in activities are discussed. The program also included the successful teaching of elementary crafts work and special events such as trips and outings.

See also 20; 112.

MENTAL DEFECTIVES--SPECIAL EDUCATION

71. Goldberg, I. Ignacy (Mental Retardation Project, Teachers Coll., Columbia Univ., New York, N.Y.)

Current status of education and training in the United States for trainable mentally retarded children. Exceptional Children. Dec., 1957. 24:4:146-154.

In preparing this paper the author reviewed available literature regarding education and training of "trainable" mentally defective children, sent a brief questionnaire to state directors of special education, school superintendents of cities with 50,000 or more population, and to member units of the Natl. Assn. for Retarded Children. In addition he made an analysis of replies to an opinionaire sent to selected teachers of the "trainable." Data are analyzed

MENTAL DEFECTIVES--SPECIAL EDUCATION (continued)

here to give a clearer picture of the scope and objectives of current programs of education and training of these children. Characteristics of "trainable" children, as reported and compared with descriptions in the literature, are given. Selected definitions of the "trainable" child from state education laws are included.

Other subjects discussed are prevalence of the "trainable" in the school age population, types of schooling facilities currently in use, present status of state legislation, expected goals of educational programs, and recommended plans for further education of these children after the age of 16.

See also 114; 115.

MENTAL DEFECTIVES--SPECIAL EDUCATION--STUDY UNITS AND COURSES

72. Lerner, Joseph S. (Coordinator of Speech Training Classes, Kern Co. Public Schools, Bakersfield, Calif.)

Recommended techniques for in-service education of teachers of mentally retarded children in state institutions. Am. J. Mental Deficiency. Nov., 1957. 62:3:476-480.

A report of an investigation to evaluate in-service education techniques for teachers of mentally retarded children in state institutions. Conclusions drawn from replies to a questionnaire sent to 93 state and provincial schools for the mentally retarded in the United States and Canada are felt to be warranted by the findings. Recommendations on techniques of in-service education found to be the most effective for promoting professional growth are made, as well as those areas of research needing further study.

MENTAL DEFECTIVES--SPEECH CORRECTION

73. Donovan, Helen (Bur. for Speech Improvement, N. Y. City Board of Education, 110 Livingstone St., Brooklyn 1, N. Y.)

Organization and development of a speech program for the mentally retarded children in New York City public schools. Am. J. Mental Deficiency. Nov., 1957. 62:3:455-459. Reprint.

The speech improvement program for retarded children in the New York City schools has two phases--a developmental program for all children carried out in the classroom by the class teacher and remedial instruction for children with severe speech defects provided by a speech teacher and supplemented by daily work in the classroom. An in-service training program prepares the classroom teacher for her part. Methods of instruction used are structured to take into account certain implications of mental deficiency which affect the learning process. The visual approach seems most effective in stimulating motor control of the speech organs with retarded children. Speech lessons are based, also, on core activities being developed by the class. To date the program is in effect in 44 schools and has served approximately 1,500 children. Originally it was confined to elementary school classes for pupils in the 50-75 IQ range; two classes of children with IQ below 50 were included later.

MENTAL DISEASE--DIAGNOSIS

74. Jahoda, Hedwig (500 W. 235th St., New York 63, N. Y.)

Use of a standard observation for the psychological evaluation of non-speaking children, by Hedwig Jahoda and William Goldfarb. Am. J. Orthopsychiatry. Oct., 1957. 27:4:745-753.

A clinical report describing the use of a semistructured observation technique as an adjunct in the over-all study of the child; it was employed in a residential setting for severely disturbed children who were nontestable by ordinary methods. Differentiating patterns of behavior were determined through observation and were in accord with the final psychiatric diagnoses. The method is applicable to various settings since there are no specific physical requirements or equipment necessary; the technique can also be used with less seriously disturbed patients as an adjunct to formal test results when obtainable.

MENTAL HYGIENE

75. Miers, Earl Schenck

Why did this have to happen? An open letter to parents. Chicago, Natl. Soc. for Crippled Children and Adults, 1957. 28 p. (Parents ser. no 1)

This pamphlet, first in the National Society for Crippled Children and Adults' new Parent Series, is the author's philosophy concerning physical disability, formulated through personal experience, and the problems which it presents to the handicapped, their families, and society. Bewildered parents facing the grief and realization that their child is handicapped can gain new insight from Mr. Miers' writing which is always inspirational. The author is a widely known writer and editor and a member of the board of trustees of the Society. His services are frequently sought as a speaker at national, state, and local organizations serving the crippled.

Available from the National Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill., at 25¢ a copy.

MONGOLISM

76. Rehn, A. T. (Lapeer State Home and Training School, Lapeer, Mich.)

Family history of a mongoloid girl who bore a mongoloid child, by A. T. Rehn and Ethelbert Thomas, Jr. Am. J. Mental Deficiency. Nov., 1957. 62:3:496-499.

In same issue: A woman with mongolism and her child, Hans Forssman and Torsten Thysell. p. 500-503.

Presents a pedigree chart of a mongoloid girl who gave birth to a mongoloid child; this is only the second published report of such an incident known to the authors. The report is not made in support of any particular theory of the etiology of mongolism, but to add to the meagre material on reproduction in the mongoloid.

The article by Forssman and Thysell reports the birth of a physically normal male infant to a mongolian mother. Father of the child was blind and epileptic, both conditions caused by cerebral lesions acquired at 9 months. A reduction in muscle tonus and perhaps a congenital heart defect are the only signs of abnormality in the child. Delay in mental development is thought to be due to institutionalizations since birth.

MUSCULAR DYSTROPHY--MEDICAL TREATMENT

77. Stelgens, P. (Univ.-Kinderklinik, Heidelberg, Germany)

The treatment of progressive muscular dystrophy (Erb's paralysis) with A.T.P. German Med. Month. Oct., 1957. 2:10:312-313.

Because of recently reported results, including marked improvement of the musculature and decrease in creatinurea following the administration of adenosine triphosphate (A.T.P.), the author and others in the Dept. of Pediatrics at the University of Heidelberg studied effects of this substance in 5 patients with progressive muscular dystrophy. Good results reported by Persson could not be confirmed by this series; it is thought that they may have been due to the combined use of A.T.P. and physical therapy in treatment. Different methods of determining urinary creatine may have been employed in the earlier studies, also. In Dr. Stelgens' series of patients only temporary improvement in muscle power was observed in 2 patients.

MUSIC

78. Bul., Institute of Child Study (Toronto). Mar., 1956. 18:1(68).

Entire issue devoted to the subject.

Contents: Music in the nursery school, Margaret Fletcher and Jocelyn Motyer. -The hiding game, Dorothy McKenzie and Estelle Brown. -Why not Bach?, Flora M. Morrison. -Your child needs music, Susie Davidson. -Music for the family, Nan Foster. -Musical experiences with cerebral palsied children, Elda Bolton. -Music; every man's language, Dorothy M. Douglas.

Published by Institute of Child Study, 45 Walmer Road, Toronto, Canada.

See also 120.

NEUROLOGY

79. Housepian, E. M. (Neurological Institute, Presbyterian Hosp., 622 W. 168th St., New York 32, N.Y.)

Dispersion of fluid materials in intracerebral injections; general observations in conjunction with injection lobotomy and chemopallidectomy, by E. M. Housepian and M. Guzman-Lopez. Neurology. Nov., 1957. 7:11:763-764.

Observations on the techniques of injection lobotomy and chemopallidectomy have led to the following conclusions--that the use of potentially toxic or harmful agents seems unwise since the fluid material introduced by intracerebral injection through a small-gauge needle will probably form a narrow intracerebral pocket (1 to 3 cc.) and volumes greater than this amount may dissect along the needle tract, appearing in the subarachnoid space. Even relatively small amounts of necrotizing material introduced by very slow intracerebral injection cannot produce predictable lesions.

80. Wartenberg, Robert (Univ. of Calif. Med. Center, 3rd & Parnassus Aves., San Francisco 22, California)

Neurologic diagnoses most commonly missed. G.P. (General Practitioner). Oct., 1957. 16:4:93-96. Reprint.

A discussion of the role of the general practitioner in the clinical diagnosis of such neurologic disorders as paralysis agitans, multiple sclerosis, epilepsy, and muscular dystrophy in particular. The author objects strongly to what he

NEUROLOGY (continued)

terms "mechanized neurology" which is harmful, painful, often dangerous, and expensive. Sources of diagnostic mistakes are pointed out, the greatest of which, he believes, are made by calling a disorder psychogenic when in actuality it is organic. Discussed are brain tumors, spinal cord lesions, vascular diseases, multiple sclerosis, infectious diseases, and other diseases such as amyotrophic lateral sclerosis, myotonia, myasthenia, and primary lateral sclerosis. Diagnoses are most likely to be mistaken because the physician makes an incomplete examination or has a tendency to regard a normal finding as a sign of disease.

See also 47.

NURSERY SCHOOLS

See 113.

NUTRITION

81. Zickefoose, Mayton (Delaware State Board of Health, Dover, Del.)

Feeding problems of children with cleft palate. Children. Nov.-Dec., 1957. 4:6:225-228.

A report of the Delaware State Board of Health's cleft palate-orthodontic clinic's study of the eating habits and problems of cleft palate children. Nutritional interviews threw interesting highlights on feeding problems and successful feeding methods devised by parents to help children increase their food intake. Following surgery, parents reported, children are better and had less difficulty; those with prosthetic appliances adjusted to them well. Those still having difficulty after surgery were children with marked tooth decay or poor occlusion. Diet histories were taken and the need for parent education on nutrition was revealed. Since the study was made, the staff nutritionist accompanies the public health nurse on home visits to each child new to the clinic, for the purpose of evaluating the child's eating practices and giving helpful suggestions to aid the mother. Less tangible, but significant, benefits have accrued from the study.

OLD AGE--MEDICAL TREATMENT

82. Dasco, Michael M. (400 E. 34th St., New York 16, N.Y.)

Physiological and pathological principles in restorative medicine in the aging. Phys. Therapy Rev. Nov., 1957. 37:11:723-725.

The pathophysiological events of some of the more frequent morbid conditions occurring in the aging patient are discussed here; they include osteoporosis which frequently causes spontaneous or traumatic fractures; fracture of the neck of the femur; peculiar gait patterns; and disturbances caused in some cases by small cerebrovascular accidents. The underlying pathophysiological facts of these disabilities are discussed to show the trained physical therapist that services to this group can be of value.

PARAPLEGIA

83. Zeitlan, Austin B. (1005 W. Belmont, Chicago, Ill.)

Sexology of the paraplegic male, by Austin B. Zeitlan, Thomas L. Cottrell, and Frederick A. Lloyd. Fertility and Sterility. July-Aug., 1957. 8:4:337-344. Reprint.

PARAPLEGIA (continued)

A report of an objective study of the sociosexual problems of the paraplegic patient; 100 patients at Hines V. A. Hospital were studied in regard to sexual ability and fertility. Eight case histories are included. Only 1 pregnancy has resulted in the entire group since injury occurred to the spinal cord. Further research has been suggested in regard to improving the fertility rate among paraplegic males.

PARAPLEGIA--RECREATION

See 125.

PARENT EDUCATION

See 53; 75.

PARTIALLY SIGHTED

See 9; 127.

PHYSICAL EFFICIENCY

84. Rabin, Herbert M. (Clinical Psychology Serv., V. A. Hosp., Danville, Ill.)

The relationship of age, intelligence and sex to motor proficiency in mental defectives. Am. J. Mental Deficiency. Nov., 1957. 62:3:507-516.

A brief review of the literature concerning motor development tests and a report of an investigation of motor proficiency in mental defectives tests with the Lincoln-Oseretsky Motor Development Scale. Purpose of the study was to determine the relationship of age, intelligence, and sex to motor proficiency in endogenous, institutionalized subjects, between the ages of 10 to 14. A significant positive relationship between age and motor proficiency was demonstrated; this finding was in agreement with all known research findings in this area. A positive relationship between intelligence and motor proficiency is supported by research findings though not demonstrated significantly in this study, probably due to the effects of an insufficiently controlled variable. Motor proficiency did not vary as a function of sex of the subjects tested with this Scale, but the author does not imply that this holds true in regard to the role of sex differences with other measures of motor ability. 22 references.

PHYSICAL EXAMINATION

85. Thurber, Packard, Jr. (2007 Wilshire Blvd., Los Angeles 57, Calif.)

Disability; is it permanent? Calif. Med. Aug., 1957. 87:2:88-90. Reprint.

Inadequate medical reports and the submitting of disability cases for rating before maximum recovery has been attained are two factors resulting in unfair compensation awards. This situation is detrimental both to the injured working man and to insurance carriers and employers. Discussed here are the problems of excessive grasp loss and its relation to disability rating, the problem of subjective complaints, and suggestions to aid the physician in preparing permanent disability reports.

PHYSICAL MEDICINE

86. McMorris, Rex O. (340 E. Madison St., Louisville 2, Ky.)

Office practice of physical medicine and rehabilitation. J. Ky. State Med. Assn. July, 1957. 55:7:601-606. Reprint.

Advice to the general practitioner who wishes to practice physical medicine and rehabilitation in the office. In a practice requiring much physical therapy and occupational therapy, it is recommended that the physician hire his own qualified therapists or refer cases to a department that has medical supervision. To aid the physician who will be obligated to apply many of the procedures of physical medicine in his practice, the writer describes some of the more commonly used and simpler ones which have the widest range of application with the greatest safety. Diagnostic, prognostic, and therapeutic procedures are discussed. Additional resources within the community for psychological and medical social evaluation, vocational evaluation and training, and other ancillary services should be utilized by the physician in considering the maximum rehabilitation potential of the patient.

87. Shields, Charles D. (Georgetown Univ. Med. Center, Georgetown Univ. Hosp., Washington 7, D.C.)

Some factors affecting the availability of physical medicine services. Med. Annals, District of Columbia. July, 1957. 26:7:354-356. Reprint.

Misconceptions concerning what constitutes a comprehensive physical medicine and rehabilitation service, the lack of trained personnel, mistaken ideas about the cost of such services, and the offering of physical therapy services in physicians' offices without a proper examination and direct supervision have resulted in confusion in the public mind. Prepaid insurance companies should recognize the need for inclusion of coverage of physical medicine services. The physician has the responsibility of referring patients to community resources for social, educational and vocational aid in rehabilitation.

PHYSICAL MEDICINE--PERSONNEL

88. Deyton, John W. (Morris Memorial Hosp., Milton, W. Va.)

The role of the physiatrist as consultant to the general practitioner in problems of rehabilitation management. South. Med. J. July, 1957. 50:7: 859-861. Reprint.

The physiatrist can supplement or complement the work of the family physician with patients following the acute phase of injury or disability. The author illustrates the contribution of the physiatrist to the rehabilitation of the hemiplegic, paraplegic, and arthritic patient and to the amputee.

PHYSICAL MEDICINE--STUDY UNITS AND COURSES

89. Long, Charles, II (Highland View Cuyahoga County Hosp., Harvard Rd., Cleveland 22, Ohio)

A postgraduate course in physical medicine and rehabilitation. Brit. J. Phys. Med. Nov., 1957. 20:11:241-246.

Describes a series of six-month courses in physical medicine and rehabilitation for the graduate physician which the staff of Highland View Hospital offers in affiliation with Western Reserve University. Included in each course are 138 hours of didactic lectures and a similar amount of conference time; the remainder of the time is scheduled for training in the wards

PHYSICAL MEDICINE--STUDY UNITS AND COURSES (continued)

and clinics. Progressing from basic physical medicine and rehabilitation methods and basic sciences through the application of these methods to specific diseases and to the community management of chronic illness and severe disability patients, the course offers indoctrination in rehabilitation and physical medicine to the general practitioner and the para-physiatric specialist. An appendix lists lecture subjects and titles of courses which cover administration, management of specific disabilities, rehabilitation methods, equipment, the various therapies, psychological, social service, and vocational rehabilitation aspects.

PHYSICAL THERAPY--FICTION

See 138.

POLIOMYELITIS

90. Bosma, James F. (1490 S. Second East, Salt Lake City 15, Utah)

Pneumatic pulsatile mobilization; a possible method of motor rehabilitation in the pharynx area. Arch. Phys. Med. and Rehab. Nov., 1957. 38:11:679-681.

Describes an activation apparatus which provides periodically varied pneumatic volumes and pressures within the poliomyelitis-paralyzed mouth, pharynx, and larynx through an oral or oral-nasal mask. The patient contains or modulates the pulsing column of air to cause successive inflation and deflation of the mouth alone, of mouth and pharynx, or of the entire respiratory tract. The procedure is an adjunctive technic to speech therapy and physical therapy concerned with this area. Employed in a clinical project study of poliomyelitis impairment in the bulbar area for a two year period, the method has apparently been of clinical benefit in motor rehabilitation. Apparent contraindications to use of the method are described. The author recognizes the general problems of evaluation of this type of clinical maneuver.

POLIOMYELITIS--FICTION

See 139.

POLIOMYELITIS--MEDICAL TREATMENT

91. Wilson, A. B. Kinnier

Treatment of bronchitis in patients with respiratory-muscle paralysis after poliomyelitis, by A. B. Kinnier Wilson and F. Harwood Stevenson. Lancet. Oct. 26, 1957. 7000:820-823.

In same issue: Emergency treatment of respiratory failure in poliomyelitis, H. B. C. Sandiford. p. 823-825.

A summary of the experience of respiratory infections in the chronic stage of poliomyelitis at the Royal National Orthopaedic Hospital (England) since 1948. Treatment, based on experience with 39 patients, is described. Chemotherapy, assisted coughing and postural drainage, aided by aerosol inhalations of trypsin and isoprenaline, and at times, oral promethazine, are advocated. Bronchoscopy was shown to be commonly ineffective, sometimes harmful and in any case, not necessary. Very brief case histories are included.

POLIOMYELITIS--MEDICAL TREATMENT (continued)

The second article describes the value of skilled supervision of patients with respiratory failure in poliomyelitis while they are being transported to the respiratory unit. Five case histories illustrate the importance of special equipment in the ambulance and constant supervision during transportation to the unit.

POLIOMYELITIS--STATISTICS

92. Lossing, E. H. (122 Bank St., Ottawa 4, Ontario, Canada)

Paralytic poliomyelitis incidence as a guide to vaccination. Canad. J. Public Health. July, 1957. 48:7:276-280. Reprint.

An analysis of the incidence figures of paralytic poliomyelitis by age for 1952 and subsequent years in Canada was made to determine planning for vaccination programs. Several factors indicate the need for commencing vaccinations at an early age--namely, high case fatality rates in the very young, the large proportion of cases occurring in pre-school ages as a group, and high attack rates observed in each individual age group from one to four. Adult vaccination would seem desirable, especially in parents of pre-school and school age children, up to 40 years of age since one-third of all paralytic cases and over one-half of all poliomyelitis deaths occur in persons over 20 years of age.

PREGNANCY

93. O'Driscoll, M. K. (Natl. Maternity Hospital, Dublin, Ireland)

Rheumatic heart disease complicating pregnancy; results of conservatism, by M. K. O'Driscoll, A. P. Barry, and M. I. Drury. Brit. Med. J. Nov. 9, 1957. 5053:1090-1091.

In same issue: Pregnancy after pneumonectomy for pulmonary tuberculosis, Leslie Williams. p. 1087-1089.

Analyses of 250 cases of rheumatic heart disease complicating pregnancy treated at the National Maternity Hospital in Dublin were presented in an earlier article (1954) by Dr. Drury (and others). The earlier series included experiences of the first four years of a clinical study begun in 1948; this article covers the subsequent four years' experiences with 289 similar cases, presented to show the results of conservative management of these patients. Results justify the authors' conclusion that no matter how serious the rheumatic heart condition may be, pregnancy should not be terminated at any stage nor should there be resort to abdominal delivery.

The article by Leslie Williams reports 12 brief case histories of pregnancy in women who have had pneumonectomy for pulmonary tuberculosis. From experience with this small series, the author believes that once the patient has reached the stage of "apparent cure" following pneumonectomy, pregnancy presents no undue hazard if respiratory capacity is reasonably good. Responsibilities of caring for a limited family are not considered dangerous to future health provided respiratory capacity is good.

PSYCHIATRY

94. Goldfarb, Alvin I. (7 W. 96th St., New York, N. Y.)

Contributions of psychiatry to the institutional care of aged and chronically ill persons. J. Chronic Diseases. Nov., 1957. 6:5:483-496.

PSYCHIATRY (continued)

Describes psychiatric services and gives 9 brief case histories of various types of personality problems in patients at the Hospital and Home for Aged and Infirm Hebrews of New York City. Facilities include rooms, dormitories, infirmaries, and hotel-style apartments; patients are assigned to the unit best suited to their physical and mental needs. Cases cited illustrate that the unstable behavior of aged or chronically ill persons in long-term care institutions is improved with the addition of psychiatric services.

95. Sullivan, Joseph D. (530 E. 20th St., New York 9, N. Y.)

Psychiatric participation in a rehabilitation center. Psychiatric Quart. Suppl. 1956. 30:2:257-263. Reprint.

Although psychiatric patients are not accepted at the Institute for the Crippled and Disabled, New York City, a large number of patients in the medical service receive psychiatric assistance. Students in vocational training, the sheltered workshop, and candidates for placement receive psychiatric and psychological evaluation, as well. The Institute operates a mental hygiene clinic, for aid in social adjustment. Administration of the clinic, the role of clinic personnel, and types of patients served are discussed. The organization of apparently simple procedures can present surprising complications, according to the author. Methods of psychiatric supervision and consultation are outlined and specialized programs for the brain injured described.

PSYCHOLOGICAL TESTS

See 8.

PSYCHOLOGY

- 96.. Laird, James T. (Spencer State Hospital, Spencer, W. Va.)

Emotional disturbances among the physically handicapped. Personnel and Guidance J. Nov., 1957. 36:3:190-191.

A report of a pilot study on the incidence of emotional disturbances among vocational clients at the West Virginia Vocational Rehabilitation Center. Methods of the study are discussed briefly and the importance of providing psychiatric counseling before attempting to develop an occupational program for these disturbed patients is stressed, since often such disturbances interfere with the success of occupational counseling and placement.

See also 9; 50; 52; 107; 108.

PSYCHOLOGY--PERSONNEL

97. Soloyanis, George (Pa. Dept. of Welfare, Harrisburg, Pa.)

Facilitating community contributions by psychologists. Am. J. Mental Deficiency. Nov., 1957. 62:3:554-558.

Describes activities developed by state agencies in South Carolina's special education program to facilitate contributions of psychologists to such programs. One such activity was a conference between psychologists and educators on a voluntary basis for the purpose of developing standards for testing and proposing qualifications necessary for psychologists serving the program. Procedures

PSYCHOLOGY--PERSONNEL (continued)

served the two-fold purpose of involving psychologists in community programs, increasing their skills, and offering concrete aids; on the other hand, educators were shown what to expect and demand from the psychologist in special education programs. The budgeting of expenses to provide training for psychologists not formally connected with state programs is justified on the broad grounds of promoting mental health.

PSYCHOTHERAPY

98. Fineberg, Henry H. (664 N. Michigan Ave., Chicago 3, Ill.)

Preliminary report of a preschool therapy group in a children's hospital, by Henry H. Fineberg and Margaret Johnson. Am. J. Orthopsychiatry. Oct., 1957. 27:4:808-814.

A description of an experimental preschool group therapy program in a pediatric hospital setting, covering general principles of group therapy activity, a brief summary of characteristics of some children in the group, and several extracts from group sessions, to illustrate interaction of the children and therapist. The program was instituted as a prophylactic measure for children who because of long hospitalization did not have adequate opportunity for aggressive expression or the emotional stimulation necessary for healthy growth and development.

PUBLIC HEALTH NURSING

99. Losty, Margaret A. (Bur. for Handicapped Children, N. Y. City Dept. of Health, 125 Worth St., New York 13, N. Y.)

A hospital-to-home link for crippled children, by Margaret A. Losty (and others). Nursing Outlook. Nov., 1957. 5:11:650-652. Reprint.

Continuity of care for the home patient between out-patient visits or discharge from inpatient service of the hospital can be provided either through a formal home care program or through public health nursing supervision. This article outlines criteria for the selection of handicapped children needing services from public health nursing agencies, administration of such a program, and the need for communication between the medical treatment agency and the community public health nursing agency. Since the present-day trend is away from hospitalization of the child and toward care in the home, where possible, the public health nurse can contribute greatly to home management and rehabilitation of the handicapped child.

READING

100. Fitzgerald, Margaret H. (4257 W. Adams St., Chicago, Ill.)

Reading; the key to progress for deaf children. Am. Annals of the Deaf. Nov., 1957. 102:5:404-415.

Stresses the importance of reading in the present-day world, the problems of severe retardation in reading ability among deaf children, especially in the middle grades, and ways of improving reading instruction for deaf children. Problems involved in teaching narrative and study-type of informative reading are analyzed briefly. Reading is defined as a four-step process involving perception, comprehension, reaction, and integration. Methods for achieving

READING (continued)

these four goals of reading are the same for the deaf as for the hearing, except for certain points of emphasis in the instruction of the deaf.

RECREATION

101. Langdon, Grace

Your child's play; interests, materials, facilities, friends. Chicago, Natl. Soc. for Crippled Children and Adults, 1957. 25 p. (Parent ser. no. 2)

Parents of nonhandicapped and handicapped children alike will find much of value in this second booklet in the National Society for Crippled Children's new Parent Series. The author as Child Development Advisor for the American Toy Institute is well qualified to explain the value and meaning of play to children, the role of toys in child development, and the purely recreational pleasure of play for happy family living. She recommends a wealth of play material, often inexpensive and to be found around any home, and offers a bibliography of suggested reading to further stimulate the parents' imagination in creating play opportunities for children.

Available from the National Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill., at 25¢ a copy.

REHABILITATION

102. Bugel, Harry J. (Thayer V.A. Hosp., Nashville, Tenn.)

Summary of symposium (Symposium on Rehabilitation... Section on Physical Medicine and Rehabilitation, Southern Medical Association... annual meeting, 1955). South. Med. J. July, 1957. 50:7:872-874. Reprint.

Successful rehabilitation of the chronically ill, severely disabled and aging patient most often depends upon the family physician, in the absence of a physiatrist in the community. An awareness of community resources and the ability to judge what maximal results are possible for the patient provided proper treatment will enable the physician to aid the patient in a total rehabilitation program.

103. Golin, Milton

Bootstraps for our forgotten millions; how bold advances in and out of medicine are enabling the disabled to rebuild their lives. J. Am. Med. Assn. Nov. 2, 1957. 165:9:1145-1151.

Reviews what is being done throughout the United States to rehabilitate the severely disabled to productive lives, the changing concepts toward disability, the economic aspects of rehabilitation, and the employment records of the disabled which prove their value to industry. Community interest and the important role of the family physician in the rehabilitation field are the foundation upon which continued progress depends.

REHABILITATION--BRAZIL

104. Linck, Lawrence J.

Expanding horizons for the crippled in Brazil. J. Rehab. Sept.-Oct., 1957. 23:5:13-15.

Describes briefly the pioneer efforts of professional and voluntary workers in the field of rehabilitation in Brazil. Mr. Linck served as a consultant to the Brazilian affiliate of the International Society for the Welfare of Cripples

REHABILITATION--BRAZIL (continued)

in 1956; his comments on the possibilities of a dynamic rehabilitation movement in Brazil are informative.

REHABILITATION--GREAT BRITAIN

105. British Council for Rehabilitation (Tavistock House (South), Tavistock Square, London, W.C. 1, England)

"Local authority services for the welfare of the handicapped;" (the substance of a paper given at a B.C.R. course in July, 1957). Rehabilitation. Autumn, 1957. 23:42-46.

A brief review of the development of welfare services provided by local authorities in Great Britain for handicapped persons. Describes also how voluntary organizations supplement the work of statutory bodies. Services most generally provided appear to be: the teaching of handicrafts, the establishment of social clubs and centers, adaptations to living accommodations, and the provision of holidays. Services which local authorities are required to provide include: aid to the handicapped in securing the necessary treatment, guidance on personal problems, the encouragement of handicapped persons to take part in social center activities, and referrals to voluntary agencies for help in domestic problems.

REHABILITATION--VENEZUELA

106. Cockshutt, Patricia

The United Nations and physiotherapy in Venezuela. Physiotherapy. Nov., 1957. 43:11:324-328.

Physiotherapy Overseas no. 16.

Describes briefly the setting up of a social security scheme in Venezuela, similar to the British National Health system, and gives, in more detail, the background of the Rehabilitation Centre established at La Guaira, the main seaport town. Discussed are types of patients served, equipment of the physiotherapy department and nature of treatments given, staff, modifications in therapy due to temperament of Venezuelan patients, the training of local students in methods of physical therapy, and future plans for broadening rehabilitation services in this country.

REHABILITATION--PERSONNEL

107. Lillywhite, Herold (Crippled Children's Div., Univ. of Oregon Med. School, 3181 S.W. Sam Jackson Park Rd., Portland 1, Ore.)

Communication problems in medicine. Arch. Phys. Med. and Rehab. Nov., 1957. 38:11:692-696.

Misunderstandings caused by faulty communication by the doctor advising the patient or among various members of the rehabilitation team are more often the cause of failures in medical treatment than lack of professional competence. Dr. Lillywhite lists and discusses 16 specific barriers to adequate communication and integration of efforts of the rehabilitation team, as well as specific assets which account for the success of medical rehabilitation teams. Suggestions for improving the team approach and insuring more adequate communication and effective treatment are given. The author speaks from his experience with rehabilitation programs for congenital heart, cerebral palsy, and cleft lip and palate at the University of Oregon Medical School.

REHABILITATION--PROGRAMS

108. Jacobs, Durand F. (V. A. Hospital, Marion, Ind.)

Selective perceptions of rehabilitation problems, by Durand F. Jacobs and Norville M. Downie. J. Rehab. Sept.-Oct., 1957. 23:5:11-12.

A brief analysis of a statewide survey of causes of failure in rehabilitating the mentally and emotionally handicapped and the major differences in opinion among rehabilitation team participants regarding problems demanding special attention. Statements of personnel from three major work settings--mental hospitals, social agencies, and vocational training and placement agencies--were ranked in the order of descending importance; the authors then compared their respective Number One choices. Areas explored were those of hospital treatment, hospital preparation for reentry into community life, and factors relating to failures in community adjustment. Findings of the survey highlight crucial differences of opinion among key members of the rehabilitation team which may affect successful communication and coordination.

See also 30; 119.

REHABILITATION--STUDY UNITS AND COURSES

109. Kanof, Abram (90 Linden Blvd., Brooklyn 26, N. Y.)

Undergraduate teaching of pediatric rehabilitation. Pediatrics. Nov., 1957. 20:5(Pt. 1):910-914.

An analysis of replies concerning the undergraduate teaching of pediatric rehabilitation, received from Deans of American medical schools in answer to a questionnaire sent out by the Committee on the Handicapped Child of the American Academy of Pediatrics. Information on the number of schools teaching rehabilitation as such, on methods of teaching, on aims of the teaching programs, and special techniques of rehabilitation every medical student should acquire is discussed. Three typical syllabuses are included; one stressing the psychologic and parental aspects, another, the physician's attitude and training requirements in this field; and the third, what purports to be a short, practical introduction to rehabilitation, with a demonstration of its applicability to the care of children.

See also 140.

REHABILITATION CENTERS--MICHIGAN

110. Olejniczak, Stanley (Wayne County Gen. Hosp., Eloise, Mich.)

Value of a department of physical medicine and rehabilitation in a county hospital, by Stanley Olejniczak, and S. D. Jacobson. J. Mich. State Med. Soc. Oct., 1957. 56:10:1284-1288.

Since the majority of patients in a county hospital are in the chronically ill and disabled older-age group, it follows that the establishment of physical medicine and rehabilitation services in such institutions is of vital importance. The writers discuss the rehabilitation aspects of such units, their responsibilities, and opportunities for stimulating community programs of social service. Functions of the Department of Physical Medicine and Rehabilitation at Wayne County General Hospital are described.

REHABILITATION CENTERS--ADMINISTRATION

111. Nelson, Nathan (Bur. Voc. Rehab., Calif. State Dept. of Education, Sacramento 14, Calif.)

Rehabilitation centers; an appraisal. J. Rehab. Sept.-Oct., 1957. 23:5:4-5, 21. Reprint.

A preliminary report of some of the findings of a study sponsored by the Office of Vocational Rehabilitation concerning problems faced by rehabilitation centers, the principal one of which is lack of patients. Comparison was made between use of the medically oriented and the vocationally oriented center, and the relation of the state vocational rehabilitation services and rehabilitation center. Prevocational unit services were used more than other services of the center by state vocational rehabilitation agencies. An appraisal is made of costs of administration and fee schedules, the somewhat dubious advantages of rehabilitation team personnel conferences, and the concept of the "whole" person. Questions posed here have serious implications for the administration of rehabilitation centers.

REHABILITATION CENTERS--DESIGNS AND PLANS

See 59.

SEGREGATION AND NONSEGREGATION

112. Allen, Robert M. (Univ. of Miami, Coral Gables, Florida)

A note on mixed summer camping with retardates and nonretardates. Training School Bul. Nov., 1957. 54:3:50-51.

A report of observations made at Mountainview Camp for Exceptional Children, Nacoochee, Georgia, where retarded and nonretarded children participated in camping experiences for a four-week period. It was anticipated that a single activity schedule could be planned for both groups since there was sufficient intellectual overlap for the ten children involved. Results, however, did not warrant this expectation; little voluntary and spontaneous mixing occurred between normals and the mentally handicapped. Division along intellectual lines was quite evident; the retardates preferred the company of other retarded children and further subdivided along sex lines. Only at the waterfront area was there any evidence of spontaneous total group play. The author feels that, viewing the experience from a practical standpoint, the retardates benefit from summer camping experiences by being with their own intellectual-peer group.

113. Scott, Eileen (Canadian Natl. Institute for the Blind, 1101 Broadway West, Vancouver 9, B.C.)

The blind child in the sighted nursery school. New Outlook for the Blind. Nov., 1957. 51:9:406-410.

Preschool blind children and their families all profit by the earliest possible integration of the blind child and his sighted contemporaries. At the preschool level sighted children are much more accepting of the differences in children than are older children. From her close association with more than 125 preschool blind children and their families over a 10-year period, the writer offers her observations on a nursery school program and

SEGREGATION AND NONSEGREGATION (continued)

its administration, its values, and the experience of enrolling multiply handicapped children in regular nursery schools. Such a program has great value as a public education medium.

See also 10; 19; 20; 38.

SEX EDUCATION

114. Thorne, Gareth D. (Caswell Training School, Box 707, Kinston, N.C.)

Sex education of mentally retarded girls. Am. J. Mental Deficiency. Nov., 1957. 62:3:460-463.

A further report on the progress and problems involved in the development of a program of sex education--the physical and psychological aspects of sex development and expression--with high-grade and upper-mid-grade students at Caswell Training School, Kinston, N.C. This article discusses instruction on boy and girl relationships, personal grooming and hygiene, anatomy of the female, and feminine hygiene. Attempts to rationalize the drastic effects of sterilization have not been very successful in group discussions; preparation of retarded persons for the eventuality of sterilization in those states where it is required by law should be given further study. An earlier article concerning the program appeared in the Am. J. Mental Deficiency, July, 1957. 62:1:44-48. For annotation see Rehabilitation Literature, Sept., 1957. #1114.

SHELTERED WORKSHOPS

115. Stevens, Harvey A. (Edward R. Johnstone Training and Research Center, Bordentown, N.J.)

A preliminary report on the establishment of a sub-contract sheltered workshop in a residential school for the mentally retarded, by Harvey A. Stevens and Allen Blumberg. Am. J. Mental Deficiency. Nov., 1957. 62:3:470-475.

Describes procedures used in structuring an assembly type project at the Southern Wisconsin Colony and Training School, utilizing sub-contract work in a sheltered workshop setting. The report deals with organizational aspects of the project designed to provide patients previously considered to be non-productive with more realistic occupational training. Recommendations for further investigation on problems involved in such programs, as they related both to patients and to industry, are listed, based on experiences with the project.

See also 34.

SHELTERED WORKSHOPS--HAWAII

116. Lyons, Audree (Oahu Tuberculosis and Health Assn., Honolulu, Hawaii)

Craft training for the disabled of Hawaii. J. Rehab. Sept.-Oct., 1957. 23:5:8-9.

Disabled clients of a sheltered workshop, established in 1939 originally for the rehabilitation of former tuberculosis patients but now accepting many types of the handicapped, are trained in the manufacture of crafts directed towards one of the Island's biggest industries--the tourist trade. It has been so successful that last year, for the first time, it became self-supporting. Administration of the shop is described briefly.

SOCIAL SERVICE

117. Mayo, Leonard W. (345 E. 46th St., New York 17, N.Y.)

Rehabilitation and social work. New Outlook for the Blind. Nov., 1957. 51:9:397-401.

A comparison of the objectives and functions of rehabilitation and social work, their similarities and differences by which the author hopes to establish a better basis for clarification and cooperative endeavor. He stresses the prime importance of the relation of the social worker to each of the professions in modern rehabilitation. Rehabilitation programs should be considered by the social worker as a major resource in achieving objectives of social work programs.

SOCIAL WELFARE--FINANCE

118. Merriam, Ida C. (Div. of Research and Statistics, U.S. Social Security Admin., Washington 25, D.C.)

Social welfare expenditures in the United States, 1955-56. Soc. Security Bul. Oct., 1957. 20:10:3-12. Reprint

Beginning in 1951 the Social Security Bulletin has presented each year the data and analysis of trends in social welfare expenditures on the Federal, State, and local levels. This article covers the fiscal year 1955-56 and some estimates going back to 1890. Programs covered by the data are social insurance, public aid, health and medical services, other welfare services, veterans' programs, education, and public housing. The category titled "other welfare services" includes vocational rehabilitation and medical rehabilitation, among its several items.

See also 141.

SOCIAL WELFARE--PROGRAMS

119. United Community Funds and Councils of America (345 E. 46th St., New York 17, N.Y.)

Listing of health and welfare research projects in local communities, July, 1956-July, 1957. New York, United Community Funds and Councils, 1957. 37 p. Mimeo.

A listing of research projects conducted or sponsored by local Community Welfare Councils and Community Chests and United Funds, classified under subject. Of special interest to those in the rehabilitation field are studies dealing with the aged and chronically ill, exceptional children (the mentally retarded), handicapped, health, homemaker services, mental health, nursing, personnel, and tuberculosis control. The listing is not an evaluated or selective one and does not include expenditure studies, summaries of service statistics, routine reports, directories, or research material published in regular periodicals of Chests, Funds and Councils. Copies of the studies are available on loan only to members of United Community Funds and Councils.

SPECIAL EDUCATION

120. International Council for Exceptional Children. Blue Grass Chapter, Lexington, Ky.

Books, art, music for the exceptional child. Lexington, Blue Grass Chapter, I.C.E.C. (1956). 46 p. Paperbound. Spiral binding.

SPECIAL EDUCATION (continued)

Compiled for use by teachers and parents, this publication offers materials in reading, art and music suitable to the needs and interests of exceptional children. Also cited are sources from which additional information and help may be obtained--such as state agencies, clinics, special schools, summer camps, homes for the aged deaf, and voluntary agencies. Books are classified under subject, by reading level, for particular handicaps, for therapeutic purposes. In the section on art, a wide variety of activities are recommended but sources of art material are not cited. The Blue Grass Chapter hopes to be able to supplement this publication from time to time with the addition of new materials in these areas and others.

Available from Florence Martin, 1120 Slashes Road, Lexington, Ky., at \$1.00 a copy.

See also 53.

SPECIAL EDUCATION--PERSONNEL

See 97.

SPECIAL EDUCATION--OHIO

121. Ohio. State Department of Education (Div. of Special Educ., Ohio State Dept. of Education, 40 S. Third St., Rm. 230, Columbus 15, Ohio)

Ohio laws governing special education for handicapped children in the public schools. Columbus, The Dept., 1957. 15 p.

Contains sections from Ohio laws pertaining to the special education provisions for exceptional children in public schools. Such aspects as responsibility to provide schooling, facilities for the mentally retarded, payment for special facilities from state funds, provisions for hiring special education teachers, assignment of pupils, definition of physical handicap, home instruction, provision of transportation, among others, are interpreted legally.

SPEECH CORRECTION

See 74.

SPEECH CORRECTION--INDIANA

122. Summers, Raymond (1330 W. Michigan St., Indianapolis 7, Ind.)

Speech and hearing therapy in Indiana public schools and the role of the college and university affiliated clinics. Exceptional Children. Nov., 1957. 24:3:110-116, 122.

Presents data obtained from a questionnaire survey of public school speech and hearing therapists in Indiana for the purpose of evaluating the statewide speech and hearing conservation program. Information covers type and number of public school systems employing therapists, type of personnel administering audiometric testing, educational provisions for children with impaired hearing, average case load of therapists, data on personnel, and the role of college and university affiliated clinics in providing services and training therapists. Improvements in the program are recommended.

SPEECH CORRECTION--BIBLIOGRAPHY

123. Jones, Morris Val, comp. (Illinois State Normal Univ., Normal, Ill.)

Basic professional library for the speech and hearing therapist; (limited to 100), comp. by Morris Val Jones. Normal, Ill., The Compiler (1957?). 5 p. Mimeo.

A listing of 100 basic publications, mainly books, in the field of speech and hearing therapy compiled by Dr. Jones, Associate Professor of Speech at Illinois State Normal University. In addition to basic texts on methods and materials for use in therapy, some items included deal with child development, psychology, theories of learning, counseling and psychotherapy, and books on special speech problems.

SPEECH CORRECTION--SURVEYS--KENTUCKY

124. Stinnett, Charles D.

Speech defects in the rural areas of Kentucky. Lexington, Ky., Univ. of Kentucky (1957). 35 p. tabs., map. Mimeo.

Because of the total lack of controlled studies on speech defects in rural areas and recognition of the necessity for providing services for these children, this survey of second-grade children in 14 predominantly rural counties of Kentucky was the initial step in a program to provide permanently for the problem. Described here are methods of organizing the survey, testing procedures used, and findings which have been statistically analyzed. Form letters used in organizing the survey are included.

Available from Charles D. Stinnett, Speech Center, Dept. of Psychology, University of Kentucky, Lexington, Ky.

See also 51.

SPORTS

125. Scruton, Joan (Natl. Spinal Injuries Centre, Stoke Mandeville, Aylesbury, Bucks, England)

The 1957 International Stoke Mandeville Games. The Cord. Oct., 1957. 9:4:7-28.

A detailed description of the 1957 international sports meeting of the paralyzed, the competitors, lessons learned from this year's games, and resolutions offered for the management of the actual competitions. Results of various events are included.

TUBERCULOSIS

See 29; 93.

TUBERCULOSIS--PSYCHOLOGICAL TESTS

126. Charen, Sol (3416 Tulane Dr., Apt. 31, West Hyattsville, Md.)

Regressive behavior changes in the tuberculous patient. Washington, D.C., Catholic Univ. of America Pr., 1956. 17 p. tabs.

Reprinted in: J. Psychology. 1956. 41:273-289.

A dissertation for the Ph.D. degree, Catholic University of America, 1956.

TUBERCULOSIS--PSYCHOLOGICAL TESTS (continued)

A study made to test the hypothesis offered by Barker, Wright, Myerson, and Golnick in "Adjustment to Physical Handicap and Illness..." (Social Science Research Council Bulletin 55, 1953) that chronically ill patients tend to regress in four characteristic ways. Hospitalized tuberculosis patients were the particular subjects of this doctoral dissertation; they were given the Rorschach Test, Paper-and-Pencil Test, and the Blacky Test. Findings revealed evidence of minor effects of hospitalization and illness in tuberculosis patients. Bedrest, dependency, and social frustration were accepted by patients with patterns of behavior which were adult, on the average. While more emotionally secure than a group of non-tuberculosis patients hospitalized for surgery, tuberculosis patients tended to exhibit evidence of narrowing of interests, intolerance, and selfishness. Hospitalized tuberculosis patients were compared to a group of recovered tuberculosis patients and a group of hospitalized surgical patients.

VISION

127. Allen, Henry F. (300 Beacon St., Boston 16, Mass.)

Testing of visual acuity in preschool children; norms, variables, and a new picture test. Pediatrics. June, 1957. 19:6:1093-1100. Reprint.

Amblyopia results when normal acuity fails to develop in an eye free from organic disease; because the condition is a common one and preventable in many cases by early detection of unequal or defective vision followed by intensive treatment, testing of visual acuity by subjective methods on or near the child's third birthday is recommended. The author discusses the disadvantages of picture tests currently in use and describes a new test believed to represent improvements over existing picture charts. Methods for its administration and interpretation are given.

VOCATIONAL GUIDANCE

128. Menchel, Jerome

Prevocational evaluation. J. Rehab. Sept.-Oct., 1957. 23:5:16-17, 33.

The author, formerly with the Institute for the Crippled and Disabled, New York City and now director of the Prevocational Unit and Sheltered Workshop for the Maryland Society for Mentally Retarded Children, discusses here the role of the evaluator in the prevocational unit, the real value in prevocational workshop evaluation which provides actual tryout experiences in a variety of tasks, and the responsibility of the evaluator in exploration and interpretation of the client's vocational potentials. Two illustrative case histories are included.

VOCATIONAL GUIDANCE--STUDY UNITS AND COURSES

See 142.

VOLUNTEER WORKERS

129. Taylor, Flonnia (Lexington Shriners Hospital for Crippled Children, Lexington, Ky.)

"Structuring" volunteer activity gives a perfect fit for the volunteer program, by Flonnia Taylor and Eleanor Baird. Hospitals. Nov. 1, 1957. 31: 21:33-35.

VOLUNTEER WORKERS (continued)

Carefully integrated into the total hospital program, the "structured" volunteer program supplements the work of the regular staff. Without good leadership and planned direction, volunteer programs cannot hope to be as effective as one in which all areas are considered--recruiting, selecting, training, and supervising volunteer's work, as well as orienting paid staff members to the uses and motivations of volunteers. Described here is a successful program operating at the Lexington Shriners Hospital for Crippled Children.

WORKMEN'S COMPENSATION

130. Conlon, Alice Y. (Dept. of Med. Services, Liberty Mutual Insurance Co., Boston, Mass.)

How much do you know about workmen's compensation? Am. J. Nursing. Nov., 1957. 57:11:1448-1450.

The industrial nurse should be well acquainted with all aspects of workmen's compensation insurance since she is often asked for advice by injured workers. All nurses should know the facts, however, since their work will include helping these patients in doctor's office, the home, the hospital, or plant medical department. An awareness of community rehabilitation resources, the ability to counsel the patient on his physical care, and help in making out report forms are essential to the nurse in handling these patients.

See also 85.

WORKMEN'S COMPENSATION--LEGISLATION

131. McConnell, Beatrice (U.S. Bur. of Labor Standards, Washington 25, D.C.)
State workmen's compensation legislation in 1957. Month. Labor Rev. Oct., 1957. 80:10:1229-1232.

Explains changes in laws related to workmen's compensation during 1957, noting improvements which included provision for unlimited medical benefits, extension of second-injury benefits, extension of coverage to radiation diseases, and extension of rehabilitation benefits. Discussed briefly are future studies in the area of workmen's compensation provided for in 8 states and Hawaii.

New Books Reviewed

AMPUTATION--EQUIPMENT

132. California. University. School of Medicine. Prosthetics Education Program
Arm amputee checkout and training; ed. by Miles H. Anderson and Raymond E. Sollars. Los Angeles, The University, 1957. 142 p. illus. Paperbound. Spiral binding.

Prepared primarily for use by medical and paramedical personnel taking the course in "Clinical Prosthetics: Upper Extremity Amputations," of the Prosthetics Education Program, this guide will also serve as a handy reference tool for orthotists, prosthetists, occupational and physical therapists, physiatrists, orthopedic surgeons, and rehabilitation personnel. While it cannot take the place of organized instruction, the manual should add to the improvement of prosthetic services throughout the country. Basic information is included on prosthetics, the clinic team, principles of amputee training and advice for parents of child amputees and the wearer of a prosthesis, basic

AMPUTATION--EQUIPMENT (continued)

components of all upper-extremity prostheses, as well as detailed information on types of upper-extremity amputations, fitting of various prosthesis and training in their use. Forms for use in checkout and training by the therapist are included.

Available from Prosthetics Education, Rm. B4-229, Medical Center, University of California, Los Angeles 24, Calif., at \$2.00 a copy. Checks should be made payable to "Regents of the University of California."

133. California. University. School of Medicine. Prosthetics Education Program Manual of above knee prosthetics; ed. by Miles H. Anderson and Raymond E. Sollars. Los Angeles, The University, 1957. 251 p. illus. Looseleaf.

Another of the manuals prepared for the course "Clinical Prosthetics: Above Knee Amputations." Developed for use in a "Pilot School" conducted at the U.S. Naval Hospital, Oakland, to train prosthetists in the general principles and procedures of above-knee fitting and alignment resulting from research at the University of California, it discusses in much detail anatomical aspects of amputation, limb fitting, and fabrication.

Available from Prosthetics Education, Rm. B4-229, Medical Center, University of California, Los Angeles 24, Calif., at \$4.00 a copy. Checks should be made payable to "Regents of the University of California."

134. California. University. School of Medicine. Prosthetics Education Program. Manual of above-knee prosthetics for physicians and therapists; ed. by Miles H. Anderson and Raymond E. Sollars. Los Angeles, The University, 1957. 211 p. illus. (2d ed.) Looseleaf.

Another of the manuals prepared for use in the course "Clinical Prosthetics: Above-Knee Amputations." Written to aid the student in learning the course content as presented in organized classroom and laboratory instruction, the information and instructions are based primarily on results of research conducted by the Lower Extremity Amputee Research Project of the University of California, Berkeley and San Francisco. This is a revision with improvements based on experiences of courses presented during 1956. Subjects covered are: locomotion, amputation surgery, pre-operative and post-operative care, stump complications, stump hygiene, pain in the amputee, anatomical, biomechanical, and fitting and fabrication aspects of the above-knee prosthesis, the adjustable leg, dynamic alignment, and amputee training.

The manual is available from Prosthetics Education, Rm. B4-229, Medical Center, University of California, Los Angeles 24, Calif., at \$4.00 a copy (leatherbound). Checks should be made payable to "Regents of the University of California."

135. Great Britain. Ministry of Health

Artificial limbs in the rehabilitation of the disabled, ed. by R. D. Langdale Kelham (and others). London, H. M. Stationery Off., 1957. 188 p. illus.

In this comprehensive coverage of British methods of rehabilitating amputees, experiences of the limb fitting medical officers of the staff of Roehampton Limb Fitting Centre reflect the advances in treatment, training, and in prostheses available to the amputee. Surgical techniques are not included, but reference is made to the best types of stumps from the point of view of surgical longevity

AMPUTATION--EQUIPMENT (continued)

and prosthetic functional qualities. Post-amputation treatment prior to limb fitting, types of prostheses and recommended choices in all types of amputations, the prosthetic management of congenital deformities and care of the elderly amputee are discussed fully, as well as training in use of the prosthesis and problems associated with phantom pain. A final chapter deals with the question of occupations for amputees.

Available in the U. S. from British Information Services, 45 Rockefeller Plaza, New York 20, N. Y., at \$3.74 a copy.

ARTHRITIS

136. Kitay, William

Overcome arthritis. Englewood Cliffs, N. J., Prentice-Hall, c1957. 256 p. illus. \$4.95.

The author, who for five years has been Science Editor of the Arthritis and Rheumatism Foundation and the American Rheumatism Association, describes a safe, medically approved home care program for arthritis sufferers, which stresses the importance of a positive attitude toward recovery, the essentials of home therapy--rest, heat, massage, and exercise--and the pitfalls to avoid in treatment. Chapters are included on the use and misuse of drugs, how to recognize and avoid quacks who promise miraculous "cures," the scientific facts about various forms of arthritis, and instructions on the building of simple self-help devices to be used in maintaining one's independence in spite of pain and disability. Properly used under the direction of a doctor, this book will prove an invaluable aid to the arthritis patient.

BRAIN INJURIES

137. Symposia on: Pediatric endocrinology, William A. Reilly, consult. ed.; Brain damage in children, James G. Hughes, consult. ed. Pediatric Clinics N. Am. Nov., 1957. p. 801-1167.

Contents: (Symposium on pediatric endocrinology): Diabetes mellitus, Francis Scott Smyth. -Long-term experience with methyltestosterone as a growth stimulant in short immature boys, Nancy Bayley, Gilbert S. Gordon, and H. Lissner. -Problems of genital infantilism; investigation and treatment, Vincent C. Kelley. -Goiterous hypothyroidism, William A. Reilly. -Infantile hypothyroidism diagnosis and treatment, Delbert A. Fisher and Donald E. Pickering. -Isosexual precocity in boys and girls, Lytt I. Gardner. -Newer knowledge of adrenocortical disturbances, Lytt I. Gardner. -Intersexuality, Frank Hinman, Jr. -Dwarfism, Angelo M. DiGeorge and Karl E. Paschkis. -Obesity in childhood, Walter R. Eberlein, Alfred M. Bongiovanni, and Iris T. Jones. -Laboratory diagnosis in pediatric endocrinology, Claude J. Migeon and Robert S. Stemfel, Jr.

(Symposium on brain damage in children): Experimental teratology; with special reference to congenital malformations of the central nervous system, Josef Warkany, Harold Kalter, and Jean F. Geiger. -The causes and prevention of cerebral palsy, Nicholson J. Eastman. -The early diagnosis of cerebral palsy, L. P. Britt. -The doctor's responsibility in the prevention of postnatal diseases of the brain, Randolph K. Byers. -Psychological aspects of the management of children with defects or damage of the central nervous system, Sterling D. Garrard and Julius B. Richmond. -Characteristics and management of children with behavior problems associated with organic brain damage, Charles Bradley.

BRAIN INJURIES (continued)

The study of the epileptic child, James G. Hughes. - The drug therapy of epilepsy, with special reference to newer drugs, Meyer A. Perlstein.

Published by W. B. Saunders Co., West Washington Square, Philadelphia 5, Pa.

PHYSICAL THERAPY--FICTION

138. Hobart, Lois

Laurie, physical therapist. New York, Julian Messner, c1957. 192 p.

From her background as associate job editor for Glamour magazine, the author of this fictional story of a young physical therapist and her work again offers teen-agers a book with a vocational slant. The book grew out of the urgent need for recruiting physical therapists. As the story unfolds, the many questions concerning the nature of physical therapy as a career, what it can accomplish, and the professional and personal satisfactions to be expected from this type of work are answered.

Published by Julian Messner, Inc., 8 West 40th St., New York 18, N. Y.

POLIOMYELITIS--FICTION

139. Thompson, Mary Wolfe

Snow slopes; illustrations by Frank Kramer. New York, Longmans, Green, and Co., c1957. 179 p.

Arleigh Burd, living with her widowed, impractical mother in their new home in Vermont, obtains work at a nearby skiing resort in an attempt to supplement the family budget and to save for her college education. Slightly lame from polio, Arleigh feels unhappy over her inability to participate with other young people in sports. Through the friendly interest of a young man who comes to the resort with his parents, Arleigh learns that her disability is not important. She overcomes her negative attitude toward her handicap and her plans work out successfully. A teenage novel that girls, age 12 to 16, particularly, will find interesting.

Published by Longmans, Green & Co., 55 Fifth Ave., New York 3, N. Y., at \$2.75 a copy.

REHABILITATION--STUDY UNITS AND COURSES

140. San Francisco State College

A workshop conference on "New Programs for Achieving Rehabilitation Goals for the Handicapped." San Francisco, The College, 1957. xxi, 71 p. Mimeo. Looseleaf.

Previous conferences and workshops sponsored in summer sessions at San Francisco State College have dealt with education and care of the cerebral palsied child. In 1957 the conference was devoted to a consideration of the emotional and occupational needs of adult handicapped persons and how the community is helping to fulfill these needs. Accomplishment of the goals for handicapped adults through expansion of public and private facilities equipped to handle problems of vocational guidance, placement, and personality adjustment was the main theme of these sessions. Keynote address, "Adjusting the handicapped to work through workshop techniques," was given by Dr. William Gellman, Executive Director of Jewish Vocational Service, Chicago. Participants at the Conference were from lay and professional groups.

Available from William M. Usdane, San Francisco State College, 1600 Holloway Ave., San Francisco 27, Calif.

SOCIAL SERVICE--FINANCE

141. Community Council of Greater New York (44 E. 23rd St., New York 10, N.Y.)
Social welfare expenditures and their financing, New York City. New York, The Council, 1957. 136 p. tabs. Paperbound. \$3.00.

A comprehensive study of expenditures for social welfare programs in New York City which existed in 1953 and 1954. The book meets the demand for relatively current data on the whole range of programs operated by federal, state, or local government or voluntary agencies for the benefit of New York City's population. Of special interest are the chapters on health and welfare services, hospitals and related services, institutional care for the aged, services for the physically handicapped, and employment and vocational guidance services. The appendix gives information on methods of the study, schedule of rates paid for care of public charges, and a classification of voluntary agencies and listing of public health departments.

VOCATIONAL GUIDANCE--STUDY UNITS AND COURSES

142. San Francisco State College

Proceedings, Orientation Training Institute for New Rehabilitation Counselors, August 4, 1957 through August 10, 1957.... San Francisco, The College, 1957. 103 p. Mimeo. Looseleaf.

Contains papers and summary reports of sessions of an Institute designed to give the new rehabilitation counselor an understanding and appreciation of the broad principles and philosophy of vocational rehabilitation, duties and responsibilities in relation to the agency's program and procedures, the skills necessary for performance of the job, and resources available in supervision, consultation and counseling services. A bibliography of materials classified as to subject content in five areas is included. Usefulness of the Proceedings to Coordinators of Rehabilitation Counselors and to students and counselors in the field, both for reference and for organizing similar institutes is suggested.

Copies are available, until the supply is exhausted, from William M. Urdane, San Francisco State College, 1600 Holloway Ave., San Francisco 27, Calif.

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